

# Eyecare Examination Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Exam Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender M F Insurance \_\_\_\_\_  
 Occupation/School Grade \_\_\_\_\_ Physician \_\_\_\_\_ Last Exam/Eye Dr. \_\_\_\_\_

## Case History:

## S-Subjective Data

### History of Present Illness (HPI)

### Chief Complaint/Reason for visit

Dr. Start Time: \_\_\_\_\_ am  
 \_\_\_\_\_ pm

Brief (1-3) \_\_\_\_\_ Extended (4-8) \_\_\_\_\_

- Location \_\_\_\_\_
- Quality \_\_\_\_\_
- Severity \_\_\_\_\_
- Duration \_\_\_\_\_
- Timing \_\_\_\_\_
- Context \_\_\_\_\_
- Modifying Factors \_\_\_\_\_
- Associated Signs or Symptoms \_\_\_\_\_

Reviewed \_\_\_\_/\_\_\_\_/\_\_\_\_ ROS & PFSH today Initials: \_\_\_\_\_  
 Changes Noted: \_\_\_\_\_

## Physical Examination

## O-Objective

\* = countable element for Documentation Guidelines

### Visual Acuity \*

	Unaided		Aided		PH
	Far	Near	Far	Near	
OD					
OS					
OU					

**Visual Fields \*** OD NrmI AbnrmI **Color** OD \_\_\_\_/\_\_\_\_  
 OS NrmI AbnrmI **Vision** OS \_\_\_\_/\_\_\_\_  
**Method:** CF FDT Auto  
**Dr. Initials:** \_\_\_\_\_ **Stereo** \_\_\_\_/\_\_\_\_

**Tonometry \***  
 OD \_\_\_\_ OS \_\_\_\_ @ \_\_\_\_ A P  
**Method:** Applanation NCT

**Motility \*** Cover test exo Ne exo  
 res. eso  
 FRC O D Dist/Near NPC  
**EOM** Limited \_\_\_\_/\_\_\_\_

**Keratometry**  Auto Mires  
 OD \_\_\_\_ @ \_\_\_\_ / \_\_\_\_ @ \_\_\_\_ CL/ \_\_\_\_ +Dist  
 OS \_\_\_\_ @ \_\_\_\_ / \_\_\_\_ @ \_\_\_\_ CL/ \_\_\_\_ +Dist

**Retinoscopy**  **Autorefractor** PD \_\_\_\_ mm  
 OD \_\_\_\_ - \_\_\_\_ x  
 OS \_\_\_\_ - \_\_\_\_ x

**Pupils** Dim Bright Direct  
 OD \_\_\_\_ mm \_\_\_\_ mm \_\_\_\_ mm  **MLA**  
 OS \_\_\_\_ mm \_\_\_\_ mm \_\_\_\_ mm  +  - **APD**

**Ortho X** **DBOC** \_\_\_\_ mm  
 OD \_\_\_\_ 20/  
 OS \_\_\_\_ 20/  
 OU \_\_\_\_ 20/  
 ADD \_\_\_\_ 20/ \_\_\_\_ Add Type \_\_\_\_\_

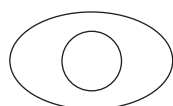
**Brief Assessment of Mental Status**  
 **Noted orientation to time, place, person \***  
 **Noted mood and affect \***  
 Comment \_\_\_\_\_

**Subjective Refraction**  
 OD \_\_\_\_ - \_\_\_\_ x \_\_\_\_ / \_\_\_\_  
 OS \_\_\_\_ - \_\_\_\_ x \_\_\_\_ / \_\_\_\_  
 ADD \_\_\_\_ OU \_\_\_\_ / \_\_\_\_  
**Dist. Phoria** Horiz \_\_\_\_ exo \_\_\_\_ Vert \_\_\_\_ RH LH  
**Dist Vergence** BO \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 BI \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Near Vision**  
 w/Dist Refraction \_\_\_\_ / \_\_\_\_ OU @ \_\_\_\_"  
 w/Near Add + \_\_\_\_ OU \_\_\_\_ / \_\_\_\_ OU @ \_\_\_\_"  
**PBU/Bin X Cyl**

**Near Phoria** Horiz \_\_\_\_ exo \_\_\_\_ Vert \_\_\_\_ RH LH  
**Near Vergence** BO \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 BI \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Accommodation** PRA- \_\_\_\_ NRA + \_\_\_\_ P/U

**Final Rx**  
 OD \_\_\_\_ / \_\_\_\_  
 OS \_\_\_\_ / \_\_\_\_  
 ADD \_\_\_\_ OU \_\_\_\_ / \_\_\_\_



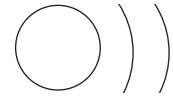
Clr  
 Clr

**ADNEXAE \* :**  
**LIDS, LASHES, PUNCTA**  
**GLANDS, ORBITS, NODES**



Clr  
 Clr

**CONJUNCTIVA \* :**  
**PALP CONJ**  
**BULB CONJ**



Clr  
 Clr

**CORNEA \* :**  
**EPITH., STROMA, ENDOTH., TEARS**  
**ANGLE**



Clr  
 Clr

**ANTERIOR CHAMBER \* :**  
**PUPIL & IRIS \* :**

Clr  
 I II III IV  
 \_\_\_\_ flare \_\_\_\_ cell Clr

Clr  
 IV III II I  
 Clr \_\_\_\_ cell \_\_\_\_ flare

**LENS \* :**

+ - RI FLAT ROUND  
 \_\_\_\_ +PSC \_\_\_\_ +CORT \_\_\_\_ +NS Clr

ROUND FLAT RI - +  
 Clr \_\_\_\_ +NS \_\_\_\_ +CORT \_\_\_\_ +PSC

DPA: \_\_\_\_ gtt OD OS OU  Paremyd  0.5%T  1.0%T  2.5%P  1.0%C Time \_\_\_\_ am  
 1gt Fluress OU  Reveyes Used  Reveyes Refused

### DILATED FUNDUSCOPY: BIO DIRECT VOLK-SLE

(No credit for undilated exam in coding)

### UNDILATED FUNDUSCOPY: DIRECT VOLK-SLE

FLOATERS PVD Clr  
 \_\_\_\_ H \_\_\_\_ V  
 I II III IV  
 DIST INDIST  
 Clr  
 <1/2 1/2 2/3 >2/3  
 \_\_\_\_ RPE Disp \_\_\_\_ Drusen Clr  
 - +

**VITREOUS**  
**DISC ASSESSMENT: \***  
**C/D**  
**CUP TYPE**  
**MARGINS**  
**POSTERIOR POLE: \***  
**PERIPHERY**  
**A/V RATIO**  
**MACULA**  
**FOV. REFLEX**

Dilation Refused \_\_\_\_ Reappointed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Clr PVD FLOATERS  
 \_\_\_\_ V \_\_\_\_ H  
 IV III II I  
 DIST INDIST  
**DISC**  
 Clr  
 <1/2 1/2 2/3 >2/3  
 Clr \_\_\_\_ RPE Disp \_\_\_\_ Drusen  
 - +

**Additional Testing, Interpretation and Report**

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**Medical Decision Making: A-Assessment of Data and P-Plan**

<b>Diagnoses:</b>	<b>Management Options:</b>
1.	1.
2.	2.
3.	3.
4.	4.

**Intermed Visit Components:**

Problem or New Problem  
 History  
 Gen. Med. Observation  
 External Exam  
 Other Dx Procedures  
 Initiation/Cont. Dx/Tx Prog  
**All req. for 92002 or 92012**

**Total Number of Diagnoses + Number of Management Options** 1 2-3 4-5 6+

**Risk** Minimal Low Moderate High

**Special Considerations:**

**Comp. Visit Components:**

**Gen. Eval. of Visual System**

History  
 Gen. Med. Observation  
 External Exam  
 Ophthal Exam  
 Gross Visual Fields  
 Basic Sensory Motor  
 Initiation/Cont. Dx/Tx Prog.  
**All req. for 92004 or 92014**

**Final Rx:**

	Sph	Cyl	Axis	Prism	Add
OD					
OS					

**Dr. End Time:** \_\_\_\_\_ **am**  
**pm**

Total doctor/patient face-to-face time \_\_\_\_\_ min.

Time spent in counseling & coordination of care \_\_\_\_\_ min. For: \_\_\_\_\_

**Medical Decision Making:** Straightforward \_\_\_\_\_ Low Complexity \_\_\_\_\_ Moderate \_\_\_\_\_ High \_\_\_\_\_

**CPT Code(s):** History \_\_\_\_\_ Physical Exam \_\_\_\_\_ Med Decision Making \_\_\_\_\_ Office Visit Code \_\_\_\_\_

Other Codes \_\_\_\_\_

**E-Education**

Next Visit: \_\_\_\_\_ Day \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Letter sent to MD  Discussed  
 Told side effects of dilation  
 Patient/Parent told of plan  Other Instructions:  
 Given MydSpecs

Doctor Signature \_\_\_\_\_ Print Full Name \_\_\_\_\_ License # \_\_\_\_\_