

CASE HISTORY / GENERAL EYE CARE

Last Name _____ First Name _____ MI _____ Exam Date ____/____/____
DOB ____/____/____ Age _____ Physician _____ Vision Insurance _____
Gender M F Last Exam/Eye Dr. _____ Health Insurance _____

Chief Complaint/Reason for Visit _____

Do you feel your eyes are changing? Yes No
Do you have questions about laser refractive surgery? Yes No
Do you have questions about other eye issues? Yes No (If yes, please explain: _____)

Past History

Have you ever been diagnosed with eye problems: Cataract: Y / N Glaucoma: Y / N Macular Degeneration: Y / N Other: _____
Have you ever taken any medications: Y / N
Have you ever had any surgeries: Y / N (If yes, please explain: _____)

Family History

Has anyone in your family ever been diagnosed with: Cataract: Y / N Glaucoma: Y / N Macular Degeneration: Y / N Other: _____
Has anyone in your family ever had any surgeries: Y / N
Has anyone in your family ever been treated for: Hypertension: Y / N Diabetes: Y / N Eye Problems: Y / N

Social History

Occupational/School Grade _____
Does your occupation/hobby require special use of your eyes? Yes No (If yes, please explain: _____)

Code Past, Family and Social History: Neg. Established Pertinent (1-2 Areas Reviewed) Complete (3 Areas Reviewed)
Established Pertinent (1 Area Reviewed) Complete (2-3 Areas Reviewed)

Review of Systems

Allergic/Immunologic Neg. Endocrine Neg. Hematologic/Lymphatic Neg. Psychiatric Neg.
Cardiovascular Neg. Eyes Neg. Integumentary Neg. Respiratory Neg.
Constitutional Neg. Gastrointestinal Neg. Musculoskeletal Neg.
Ears, Nose, Mouth & Throat Neg. Genitourinary Neg. Neurological Neg.

Code Review Of Systems: 1 Problem Pertinent 2-9 Extended 10-14 Complete
Primary ROS taken today Reviewed ___/___/___
ROS & PFSH today Initials ___
Changes noted

HISTORY

Hx of Present Illness (HPI)

Brief (1-3 elements)
Extended (4-8 elements)

- Location
Quality
Severity
Duration
Timing
Context
Modifying Factors
Associated Signs/Symptoms

Review of Systems (ROS)

Problem Pertinent (1 system reviewed)
Extended (2-9 reviewed)
Complete (≥ reviewed)

- Allergic/Immunologic
Constitutional
Cardiovascular
Ear, Nose, Mouth and Throat
Endocrine
Eyes
Gastrointestinal
Genitourinary
Hematologic/Lymphatic
Integumentary
Musculoskeletal
Neurological
Psychiatric
Respiratory

Past, Family & Social History (PFSH)

Problem Pertinent (1 area)
Complete - Est. Pt. (2 or 3 areas)
- New Pt. (at least 3 areas)

History of Present Illness

Dr. Start Time

Visual Acuity

Table with columns: Unaided Far, Unaided Near, Aided Far, Aided Near. Rows: OD, OS, OU.

Tonometry

OD OS @ AM PM
Method: Applanation NCT Tonopen

Motility

Cover Test Far Near
EOM FROM OU Limited
NPC In. PD Dist/Near

Visual Fields

OD Normal Abnormal
OS Normal Abnormal
Method: CF FDT Aut

Pupil and Iris

PEPILA APD - +

Assessment Of Mental Status

Noted orientation to time, place, person
Noted mood and affect
Comment:

DPA

Table for DPA: ADNEXAE, CONJUNCTIVA, CORNEA, ANT CHAMBER, LENS, DISC, POSTERIOR POLE. Columns: OD, OS. Includes fields for CLR, TYPE, C/D, FOV, Reflex.

Assessment (diff. dx):

Plan:

Instructions:

Old Rx From / / /

Subjective Refraction

OD 20 /
OS 20 /
Add Add type RxPD mm
OU 20 /

Retinoscopy Autorefractor

OD OS
Distance RH Brk
Phoria LH Rec
Vergence BO / /
BI / /

Final Rx

OD 20 /
OS 20 /
Add OU 20 /

Near exo RH
Phoria eso LH
Vergence BO / /
BI / /

Accommodation

Cross Cyl OD 20 /
(14B) OS 20 /
PRA- NRA + AMP

PHYSICAL EXAM - EYE

Single Organ Systems

Problem Focused (1-5 elements)
Expanded Problem Focused (≥ 6 elem.)
Detailed (≥ 9 elements)
Comp (All 12 ophth & 2 mental status)

- Visual Acuity
Visual Field
Ocular Motility
Bulbar and Palpebral Conjunctivae
Ocular Adnexae (Lids, Lacrimal Glands, Orbits, Lacrimal Drainage, Preauricular Nodes)
Pupils and Irises
Slit Lamp Exam (Corneas)
Slit Lamp Exam (Anterior Chambers)
Slit Lamp Exam (Lenses)
Tonometry
DFE Discs
DFE Posterior Segment
Mental Status (Orientation to Time, Place, Person)
Mental Status (Mood and Affect)

MEDICAL DECISION MAKING

No. of diagnoses + management options

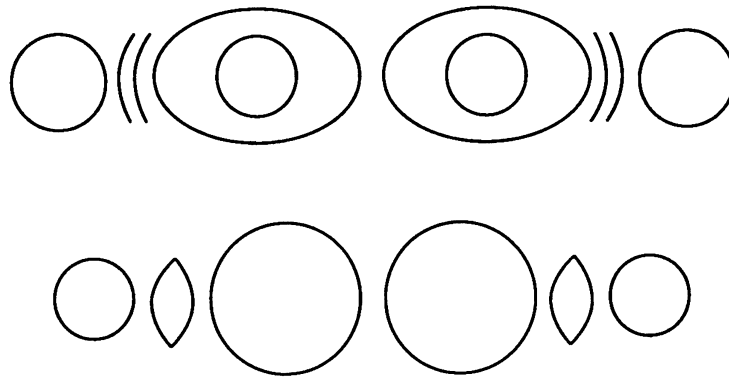
Min Ltd Multi Ext

Risk

Min Low Mod High

Amount & Complexity of Data

Min Ltd Mod Ext



Dr. End Time am pm