

CASE HISTORY / ACUTE 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:	New Established	Pertinent (1-2 Areas Reviewed) Pertinent (1 Area Reviewed)	Complete (3 Areas Reviewed) Complete (2-3 Areas Reviewed)
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Review of Systems

Allergic/Immunologic

- Neg.____
- drug allergy
 - environmental allergy
 - rheumatoid arthritis
 - lupus
 - other
 - meds

Cardiovascular

- Neg.____
- heart disease
 - hypertension
 - stroke
 - vascular disease
 - other
 - meds

Constitutional

- Neg.____
- developmental disability
 - weight loss
 - fever
 - fatigue
 - trauma
 - other
 - meds

Ears, Nose, Mouth & Throat

- Neg.____
- upper resp. tract infect
 - other
 - meds

Endocrine

- Neg.____
- non-insulin dependent diabetes
 - insulin-dependent diabetes
 - thyroid dysfunction
 - hormonal dysfunction
 - other
 - meds

Eyes

- Neg.____
- GLC
 - CAT
 - AMD
 - surgery
 - inflammatory disorder
 - other
 - meds

Gastrointestinal

- Neg.____
- Crohn's
 - colitis
 - ulcer
 - digestive
 - other
 - meds

Genitourinary

- Neg.____
- STD - viral herpetic, chlamydia
 - other
 - meds

Hematologic/Lymphatic

- Neg.____
- anemia
 - large volume blood loss
 - leukemia
 - other
 - meds

Integumentary

- Neg.____
- eczema
 - rosacea
 - psoriasis
 - other
 - meds

Musculoskeletal

- Neg.____
- fibromyalgia
 - muscular dystrophy
 - osteoarthritis
 - ankylosing spondylitis
 - other
 - meds

Neurological

- Neg.____
- multiple sclerosis
 - epilepsy
 - other
 - meds

Psychiatric

- Neg.____
- depression
 - panic disorder
 - schizophrenia
 - other
 - meds

Respiratory

- Neg.____
- cigarette smoker
 - asthma
 - bronchitis
 - emphysema
 - other
 - meds

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 (≥ 2 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 - Ext. 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 Au

Pupil and Iris

PERLA APL - +

Br. Assessment Of Mental Status
Noted orientation to time, place, person
Noted mood and affect
Comment:

DPA

ADNEXAE CLR CLR
CONJUNCTIVA CLR CLR
CORNEA CLR CLR
ANT CHAMBER CLR CLR
LENS CLR CLR
DISC CLR CLR
TYPE
C/D
FOV.
POSTERIOR POLE Reflex

Assessment (diff. dx):

Plan:

Instructions:

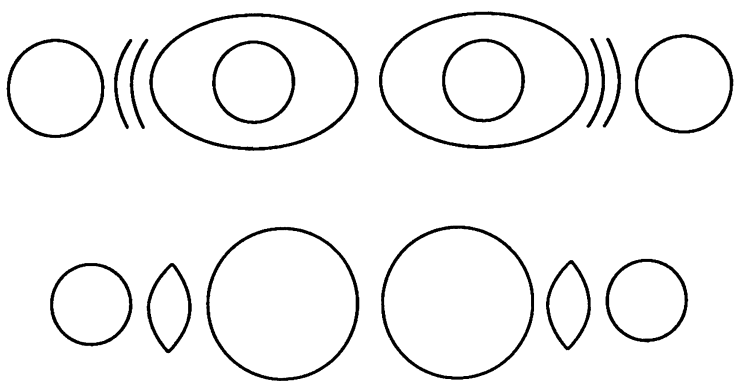
- Intermed Visit Components:
Problem or New Problem
History
Gen. Med. Observation
External Exam
Other Dx Procedures
Initiation/Cont. Dx/Tx Prog
All req. for 92002 or 92012
Comp. Visit Components:
Gen. Exam for Visual System
History
Gen. Med. Observation
External Exam
Ophthal Exam
Gross Visual Fields
Basic Sensory Motor
Initiation/Cont. Dx/Tx Prog
All req. for 92004 or 92014

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

Table with columns: No. of diagnoses + management options, Risk, Amount & Complexity of Data. Rows: Min, Ltd, Multi, Ext



Dr. End Time am pm

Doctor Name Signature