

Medical Records For : Scanlon, Graham  
Date of Birth : 05/22/1999  
Date of Service : 03/13/2024  
Electronically signed by : Dr. Schembri, OD, Lisa 03/13/2024  
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: ARRA [pages:4]  
: SRx [pages:1]

Technician: Ami Patel

PRE TEST

Prescribed Date - Medication Name - Status - Form  
 05/30/2024 - Ritalin - Active -

Status - Allergy Agent - Reaction - Severity  
 - Empty List - -

\_\_\_ No current medications

School \_\_\_\_\_ Grade \_\_\_\_\_ Occupation Web Developer  
 Hobbies Reading, Outdoors and Music

Referral \_\_\_\_\_ Accompanied by \_\_\_\_\_

Visual Acuity Method \_\_\_\_\_ Type of Chart \_\_\_\_\_ Age of Glasses 2022 Prism

Type of Correction \_\_\_\_\_ Hab Rx OD: -2.25 -0.75 179

Unaided Visual Acuity Dist Near Hab Rx OS: -2.50 -0.25 003

sc OD: 20/ sc OD: 20/ Add:

sc OS: 20/ sc OS: 20/ Style

sc OU: 20/ sc OU: 20/ Prism

Acuity with Glasses Dist Near Hab Rx 2 OD:

cc OD: 20/20 cc OD: 20/ 20 Hab Rx 2 OS:

cc OS: 20/ 20 cc OS: 20/ 25 Add:

cc OU: 20/15- cc OU: 20/ 25 Style

Acuity with Contacts Dist Near Hab Rx 3 OD:

cc OD: 20/ cc OD: 20/ Hab Rx 3 OS:

cc OS: 20/ cc OS: 20/ Add:

cc OU: 20/ cc OU: 20/ Style

AR OD: -2.00 -1.25 019 Series BC Diam  
 AR OS: -2.50 -0.25 105 CL Rx OD:

Pupillary Distance CL Rx OS:

OD PD Sph Cyl Axis Add

OS PD X

Binoc X

King Devick VF Screening:

Test I Stereo: OD Palm Scanner

Test II Fly + OS Palm Scanner

Test III Age Expected Animals 3/3

Total Time Wirt Circles 4/10 Color Vision: Normal

Errors I Randot Circles 2/8 IOP 1

Errors II Randot Large Shapes yes Tonometry OD: 16.4 Tonometry OD:

Errors III Age Expected Dinosaur Tonometry OS: 18.9 Tonometry OS:

Total Time Fixation Disparity exo arrow to right/ ortho Method: icare Method:

Trial Frame Time: 02:02 PM Time:

Addendum:

Reason for exam today:

Trigeminal Nerve Dysphoria - Nuerolens / Vision Therapy

Family Eye Doctor:

Last Eye Exam: 2024

If not your family eye doctor, whom can we thank for the referral? Dr. Tonya Bourn

CHIEF COMPLAINT

trouble with vision

Location:

Severity:

Quality:

Duration: 3-4 years ago FT job at the computer, accutane, fell off a ladder all around the same time.

Timing:

Context: feels off balance occas but never falls or bumps into things  
fatigue and slow blink rate at the computer  
did have light sensitivity but zinc has helped with that.

Secondary Complaints: eyestrain/fatigue - eyes want to shut when at a conversational difference.

NOTES: double occasionally at far distances without glasses  
almost feels like he's yawning and eyes force close  
HA at night when he's lying down, not really during the day

REVIEW OF OCULAR SYSTEM:

Any history of the following?

Strabismus  Amblyopia  Cataracts  Eye trauma  Glaucoma  Macular Degeneration

Have you ever had eye surgery? If so, please list type of surgery and date(s):

Do you wear glasses or contacts?  Yes  No

Have you ever been prescribed glasses or contacts?  Yes  No

Eye Meds:

Last Eye Exam:

Doctor:

PREVIOUS VISION CORRECTION

Primary Vision Correction:

Back up specs?

Planning to get new glasses?

Type of CLs worn in past:

Wear Time:

Cleaner:

Disposal:

Mental Assessment

Time, Place, Person  
oriented

Mood and Affect  
normal

Addendum:

For Children: Mother's Name: Father's Name:

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY BOTH ADULT AND CHILDREN PATIENTS

Family Eye Doctor: Last Eye Exam: 2024 Dilation \_\_\_ YES\_\_\_ NO Optomap \_\_\_ YES\_\_\_ NO

Were you referred by your family eye doctor? \_\_\_ YES\_\_\_ NO Were they prescribed? \_\_\_ Glasses \_\_\_ Contact Lenses

If not your family eye doctor, whom can we thank for the referral? Dr. Tonya Bourn

Address or Contact info if known:

Reason for exam today:

Trigeminal Nerve Dysphoria - Nuerolens / Vision Therapy

#### MEDICAL INFORMATION

Medical Doctor's Name: Dr. MARK FOGARTY

Date of Last Exam: 2023

Does the Physician have any areas of concern regarding your health?

No

Have you received any of the following examinations? Check any that apply and type in the name of the provider.

\_\_\_ Neuropsychological:

\_\_\_ Speech/Hearing Specialist:

\_\_\_ Occupational Therapist:

\_\_\_ Other Specialist:

Dry Eye Institute - Dr. Tonya Bourn

\_\_\_ Physical therapy

\_\_\_ Chiropractic treatment

Results/Recommendations:

#### REVIEW OF SYSTEMS

Review of Systems: Please mark EACH BOX Yes or No for the following. If Yes, please describe in the space provided:

\_\_\_ YES\_\_\_ NO General Constitutional (unexplained fever, weight loss or gain, etc.)

\_\_\_ YES\_\_\_ NO Eyes (Disease related such as Glaucoma, Detached Retina)

Dry Eye Disease

\_\_\_ YES\_\_\_ NO Ears, Nose, Throat, Mouth (Hearing loss, chronic nasal congestion, chronic cough)

nasal congestion - had inferior turbinate reduction surgery

\_\_\_ YES\_\_\_ NO Respiratory (Asthma, chronic bronchitis, shortness of breath, etc.)

\_\_\_ YES\_\_\_ NO Cardiovascular (Diabetes, hypertension, heart problems, etc.)

\_\_\_ YES\_\_\_ NO Gastrointestinal (Diarrhea, constipation, hernia, ulcers, etc.)

\_\_\_ YES\_\_\_ NO Genitourinary (Painful urination, frequent urinations, jaundice, etc.)

0.9 mg/dL levels of bilirubin in the blood which the doc said was a bit high...

\_\_\_ YES\_\_\_ NO Hematological/Lymphatic (anemia, bleeding problems, etc.)

\_\_\_ YES\_\_\_ NO Musculoskeletal (Muscle pain, trauma, osteoarthritis, osteoporosis, etc.)

\_\_\_ YES\_\_\_ NO Skin (Eczema, Psoriasis, rashes, etc.)

\_\_\_ YES\_\_\_ NO Neurological (Epilepsy, Cerebral Palsy, tumor, autism, etc.)

\_\_\_ YES\_\_\_ NO Psychiatric (ADHD, Depression, anxiety, etc.)

Depression, anxiety, other undiagnosed

\_\_\_ YES\_\_\_ NO Endocrine (Diabetes, Thyroid problems, etc.)

\_\_\_ YES\_\_\_ NO Allergic/Immunological (Please list all food and environmental allergies)

#### Family History

\_\_\_ Unknown family history

Relationship:

Stroke

\_\_\_ Yes \_\_\_ No

Diabetes

\_\_\_ Yes \_\_\_ No

High blood pressure

\_\_\_ Yes \_\_\_ No

Blindness

\_\_\_ Yes \_\_\_ No

Macular Degeneration

\_\_\_ Yes \_\_\_ No

Glaucoma

\_\_\_ Yes \_\_\_ No

Retinal Detachment

\_\_\_ Yes \_\_\_ No

Strabismus/Amblyopia  Yes  No

Other:

**SOCIAL HISTORY**

Smoking Status	Type	How Long	Discussed Cessation
Alcohol	Type	How Long	
Illegal Drugs	Type	How Long	STD
Race	Ethnicity	Preferred Language	

**DEVELOPMENTAL HISTORY \*\*This is only for patients under 18\*\***

Mark EACH BOX Yes or No regarding your child's development history. If Yes, please explain in the box provided.

YES  NO Delays in GROSS motor development (i.e. difficulties learning to ride a bike, catch a ball, play sports etc.)?

YES  NO Delays in FINE motor development (i.e. difficulties learning to use scissors, tie shoes, draw/write etc.)?

YES  NO Delays in learning to crawl or walk? (please note if child skipped crawling)

YES  NO Other Developmental Delays

**OTHER SYMPTOMS (For Children in addition to the previous symptoms)**

YES  NO Did your child repeat a grade or have a delayed start? Explain:

YES  NO Has your child recieved special tutoring or remedial assistance? Explain:

YES  NO Do you have any concerns about your child's behavior? Explain:

How long does it typically take your child to complete a 20 minute assignment?

Is your child performing up to their potential?

Is there any other information you feel would be helpful/important in your treatment?

Addendum:

Date of injury/trauma 2020

Was this a work related injury and if so, what is the name of your employer and your job description  
No

Explain what occurred Head injury from fall, gash on left eyebrow

Did you lose consciousness? If so, please estimate how long No

Please list any visual symptoms you noticed right after the injury None

Please list any treatment that occurred right after the injury CT scan showed no brain swelling.

If any visual symptoms began post-injury, please list and estimate date of occurrence None

Please list any treatments you have tried. Include ongoing treatment and providers

Have you ever had any other brain injuries, diagnosed or suspected? Please list the date of injury ~2010 - needed scalp staples and lost consciousness

Addendum:

	OD	OS
Dilation		
___ Dilated	clear	Adnexa clear
___ Pt Refused Dilation	clear	Lids clear
Time:	normal	Tarsal Plate normal
Eye	normal	Orbits normal
Drops	not palpated	Preauricular Nodes normal
Tear Analysis	(-) injection	Bulb Conj (-) injection
Type	clear	Palp Conj clear
___ Anesthetic	clear	Cornea clear
OD Min	clear	Epithelium clear
OS	clear	Endothelium clear
Iris	clear	Stroma clear
flat and even	clear	Tear Film good
flat and even	good	Sclera white
Anterior Seg Notes	white	Ant Chamber deep and quiet
just dilated last month, see files	deep and quiet	Depth / Cells / Flare 4
Additional Notes	4	

Addendum:

	OD				OS				
Optic Disc / Cup to Disc									
Cup to Disc Not Evaluated	clear (no IOL as was indicated by prev record)				clear (no IOL as was indicated by prev record)				
Optic Nerve Not Evaluated	0	0	0		Clarity / Ant Cap / Post Cap	0	0	0	
		0	0		Cortex / Nucleus	0	0		
Exam Method	flat and even				Iris	flat and even			
	blue				Color	blue			
___ 20 D Lens	even, good coloration				Optic Disc	even, good coloration			
___ 30 D Lens	good				Appearance	good			
___ 78 D Lens					Nerve Fiber Layer				
X 90 D Lens					Size / Ratio	C/D Ratio	V 0.1	H 0.1	
___ Direct	flat, (+) reflex, no drusen or pigment disruption				Macula	flat, (+) reflex, no drusen or pigment disruption			
___ Panoptic					Post Retina	normal			
If Macula / Fundus Exam	normal				Vessels	2/3 A/V ratio			
not performed please	2/3 A/V ratio				Periphery	flat, no breaks undilated			
document the reason	flat, no breaks undilated				Vitreous	clear			
Posterior Notes	clear				DME				
just dilated last month, see files					Diab Retinopathy				

Addendum:

Unaided Visual Acuity Dist		Acuity with Glasses Dist		Acuity with Contacts Dist		Near
sc OD: 20/	sc OD: 20/	cc OD: 20/ 20	cc OD: 20/ 20	cc OD: 20/	cc OD: 20/	
sc OS: 20/	sc OS: 20/	cc OS: 20/ 20	cc OS: 20/ 25	cc OS: 20/	cc OS: 20/	
sc OU: 20/	sc OU: 20/	cc OU: 20/ 15-	cc OU: 20/ 25	cc OU: 20/	cc OU: 20/	

Visual Field OD	Full to Palm Scan	OS Full to Palm Scan	K's OD:	@	/	@
Pupils OD	PERRLA -APD	Dim	Light	K's OS:	@	/ @
Pupils OS:	PERRLA -APD	Dim	Light			

Notes:

Cover Test

Distance CT without Rx	Distance CT with Rx	Ortho	CT with Probe +KCT
Near CT without Rx	Near CT with Rx	8 XP' ortho	9 Gaze

EOM: Full and Smooth

NPC: TTN x3

NSUCO Pursuits	5	4	5	5
NSUCO Saccades	5	4	5	5

Midline Shift

Notes:

Hab Rx OD: -2.25	-0.75	179		AR OD: -2.00	-1.25	019	Ret OD:
Hab Rx OS: -2.50	-0.25	003		AR OS: -2.50	-0.25	105	Ret OS:
Add:			Prism				
Sub OD -2.50	-1.00	180	20/ 20	FCC			Add: Near OD: 20/
Sub OS -3.00	sph		20/ 20	Dist OU: 20/ 20	+1.00		Near OS: 20/
							Near OU: 20/ 20

Notes:

Near Ret OD	Cyclo AR OD	Cyclo Ret OD	Cyclo Ref OD
Near Ret OS	Cyclo AR OS	Cyclo Ret OS	Cyclo Ref OS

Dist Phoria H: ortho	vg	Distance BI:	NRA: +0.50	/
2 BU Dx		Distance BO:	PRA: -0.50	/
V:				
Near Phoria H: 15 XP'	vg	Near BI:	12	0
2 BU	Near	Near BO:	6	-2
V:				
			Acc Facility CPM:	
			Verg Facilities	

Phoria Add:	Near
V:	

Notes

	H Prism	V Prism
Final Rx OD: -2.50	-1.00	180
Final Rx OS: -3.00	sph	

Add: Use \_\_\_\_\_ No charge dr remake

Recom

H Prism

V Prism

Final Rx 2 OD:

Final Rx 2 OS:

Add: Use

Recom

H Prism

V Prism

Final Rx 3 OD:

Final Rx 3 OS:

Add: Use

Recom

Addendum:

CHIEF COMPLAINT

Primary

Secondary

ASSESSMENT

- 1 H51.11 Convergence insufficiency
- 2 H50.53 Vertical heterophoria
- 3 H55.82 Deficient smooth pursuit eye movements
- 4 H55.81 Saccadic eye movements
- 5 H52.13 Myopia, bilateral
- 6 H52.221 Regular astigmatism, right eye

7

8

9

10

11

12

PLAN

Sensorimotor evaluation and refraction ordered due to convergence insufficiency.

RTC for VEP, consider neurolens vs SV PC with standard prism

Discussed traditional VT vs VT and OMST (less indicated after EyeSync).

Class/work recom

NOTES

50 min with patient and charting/reviewing record.  
VT Codes 92066, 92499, and 97530

Patient Education

Return Visit

Reason:

\_\_\_ FILLED OUT DL FORM, GAVE TO PATIENT, UPLOADED TO "FILES"

BILLING

- 1 99204 99204 New Patient Comp Medical
- 2 92060 92060 Sensorimotor/BV Eval Level 1
- 3 92015 92015 Refraction 92015
- 4 RITST 92499 Right Eye Testing
- 5 EYESYNC 92499 Eye-Sync Eye Movement Assessment

6

\_\_\_ CODE BY TIME (see Code By Time Tab)

Addendum:

Smooth Pursuits  
poor assessment of OS  
throughout EyeSync. high  
exo at near and Lhypo; when  
depicted, OS shown down  
and  
out

Saccades  
horizontal 25  
vertical 60

Convergence  
dd

VOR

VORx  
dd

CW 80  
CCW  
73 percentile

percentile

percentile

3

percentile

percentile

Addendum:

Ignore this record for Meaningful Use

Field Color Guide MU3 CQMs Multiple Reporting Agencies

Notes

Status - Allergy Agent - Reaction - Severity  
- Empty List - -

No known drug allergies

Is Primary Care Provider?

Prescribed Date - Medication Name - Status - Form  
05/30/2024 - Ritalin - Active -

- Transitioned In  Referred In
- Patient Transferred In/Referred To This Provider
- Medication Reconciliation performed
- Summary of care provided for transfer
- Received Consultant Rpt
- Asked for electronic copy
- Received electronic copy
- E-Prescribed medication
- Patient has received clinical summary of this visit
- Patient was provided education resource  
(By checking this box, you agree that Crystal was used to determine proper resource)

No current medications

Medications Documented Reason Current Medications Not Documented

Reason Current Medications Not Documented (AOA)

Pharmacy

Race Ethnicity Preferred Language Sexual Orientation

Race (More Granular) Ethnicity (More Granular) Gender Identity

Height Weight Blood Pressure Body Temperature BMI BMI Percentile BMI Followup? Counseling Physical Activity  
ft in lbs /

Reason Diastolic Blood Pressure Not Taken Hypertension? Reason BMI Not Done Counseling Nutrition

Reason Systolic Blood Pressure Not Taken HbA1c Lab Test Result Recvd Flu Immun.

Heart Rate Respiratory Rate Pulse Oximetry

Smoking Status Discussed Cessation

Tobacco Use Tobacco Non-User

Tobacco Use Screening Reason Tobacco Use Screening Not Done

Tobacco Use Cessation Counseling Reason Tobacco Use Cessation Counseling Not Done

Cup to Disc ratio OD Cup to Disc ratio OS Reason Cup to Disc Ratio Not Done  
H V H V

Optic Nerve Evaluation Optic disc or retinal nerve abnormalities:  
OD OS

Reason Optic Disc Exam for Struct. Abnorm. Not Done

Optic Disc Exam for Structural Abnormalities - Result - Right Eye

Optic Disc Exam for Structural Abnormalities - Result - Left Eye

Dilated Macular/Fundus Exam Macular Edema Reason Macular Exam Not Done

Macular Edema Findings Present Type Macular Edema Findings Present Type Communicated Reason Not Communicated - Macular Edema

Macular Edema Findings Absent Type Macular Edema Findings Absent Type Communicated Reason Not Communicated - Macular Edema

Communicated to Diabetes Care Provider: Retinopathy Severity Level Level of Severity of Retinopathy Type Communicated  
Exam Findings Severity of Retinopathy

Retinal or Dilated Exam Negative Finding Reason Not Communicated - Level of Severity of Retinopathy

Retinal/Dilated Eye Exam Retinal or Dilated Eye Exam Type (AOA)

Retinal or Dilated Eye Exam Type

Fall Screening Depression Screening Result Reason Depression Screening not taken  
\_\_\_ Depression Screening

Diagnosis Code	Description	Bill ID	CPT	Description
H51.11	Convergence insufficiency	99204	99204	New Patient Comp Medical
H50.53	Vertical heterophoria	92060	92060	Sensorimotor/BV Eval Level 1
H55.82	Deficient smooth pursuit eye movements	92015	92015	Refraction 92015
H55.81	Saccadic eye movements	RITST	92499	Right Eye Testing
H52.13	Myopia, bilateral	Billing Modifiers Description		
H52.221	Regular astigmatism, right eye			

Date - Type - Primary - Status - Code - Problem - Code System - Nullflavor - Value Set - Start Date - End Date - Notes MU Measures Outside Of Crystal PM  
Medication Orders  
Lab Orders  
Radiology Orders  
Imaging Orders (non-Radiology)  
# Linked Images

Relationship - Disease or Condition  
Empty List -

\_\_\_ Unknown family history

PQRS Billing Grid

Chief Complaint (SNOMED)

Bill ID - CPT - Bill Description - Modifier Code - Modifier Description

Code: Description: System:

Participants

Informant - Title - First - Middle - Last - Relation - Area Code - Phone - Address1 - Address2 - City - State - Zip - Country

Care Team

Employee - Data Enterer - Participation Function - Taxonomy - Title - First - Middle - Last

Procedures

Date - Code - Description - Code System - Nullflavor - TS Code - TS Description - TS Code System - Start Date - End Date - Reason Done - Reason Not Done - Discharge Disposition - Perform

Vital Signs

Code - Value - Unit - Start Date - End Date

Smoking Status

Date - Code - Code (AOA) - Obs. Start Date - Obs. End Date - Start Date - End Date

Implantable Devices

Show Inactive

Date - Status - Start Date - End Date - Description-GMDN - Brand Name - Version or Model Number - Company Name - Device Identifier - UDI - Lot-Batch - Serial Number - Contains NRL

Type - Plan

Interventions

Date - Code - Nullflavor - Category - Reason Done - Reason Not Done - Start Date - End Date - Performed Start Date - Performed End Date

Diagnostic Study Grid

Date - Code - Description - Code System - Value Set - Nullflavor - Reason Not Done - Order Date - Performed Start Date - Performed End Date

Addendum:

**Spectacle Rx 1**

		Sphere	Cylinder	Axis	Vert Prism	Hori Prism	Add	Seg Ht	Dist PD	Mono PD
-2.50	OD	-2.50	-1.00	180						
-3.00	OS	-3.00	sph							

Near PD

Notes: Hold for VEP

**Contact Lens Rx 1**

X Disposable

X Sphere

Manufacturer	Series	Base Curve	Diameter	Sphere	Tint
OD					

OS

Notes: