Medical Records For   : Scanlon, Graham
Date of Birth   : 05/22/1999
Date of Service   : 04/11/2024
Electronically signed by   : Dr. Schwalb, OD, Lauren   04/11/2024
Tabs Filled Out   : VT [pages:2]
                           : VT 2 [pages:1]
                           : ARRA [pages:4]

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Visit # 2	Vision Therapist: Kourtney Davis	Time spent with patient		Total time:
		Start	Stop	45 minutes

Assessment:

Convergence insufficiency
Vertical heterophoria
Deficient smooth pursuit eye movements
Saccadic eye movements

Subjective

Feeling pretty good, eyes are feeling good. Headache during vt at home, has gotten better the last 2 days. Struggles with depth perception the most. Tranaglyph is a little interesting, able to see the outline of both items but still achieve fusion.

Ability: 1: Can't do ~ 20%   2: Challenging ~ 40%   3: Needs work ~ 60%   4: Appropriate ~ 80%   5: Too easy - add cognitive load ~ 90-100%

Vectogram:

Target used: Order #   Date - Target Used - BI Blur/Break/Recovery - BO Blur/Break/Recovery - SILO: yes/no

BI B/B/R

BO B/B/R

SILO

Ability:

Assessment:

Activity Description:

OCULAR MOTOR

Activity 3:   Four Corner Chart - 4x4 Monoc

Ability: 3   X HVT

Assessment:

Monoc. Made one mistake with each eye, but felt more at ease with OS. Read through the chart a little faster and smoother.

Activity Description:

VERGENCES / ATTENTION

Activity 2:   Brock String - 2^ Prism Jumps

Ability: `3   X HVT

Assessment:

Prism Jumps: Middle bead is still the hardest to fuse. Able to fuse BO after a few minutes, unable to fuse BI.
Slides: Admitted he may have been tunnelling when attempting slides. Also, holds his breath a lot. We discussed using the '3 wall rule' and keeping is periphery open. Typically he makes it 4inches to his nose before experiencing doubling/tension, this time he made it 3in. Also put his left foot forward without realizing.

Activity Description:

ACCOMMODATION

Activity 1:

Ability: ___ HVT

Assessment:

Activity Description:

ANTI SUPPRESSION

Activity 8:

Ability: ___ HVT

Assessment:

Activity Description:

CENTRAL-PERIPHERAL, LAT/DIR, SPATIAL REL

Activity 7:

Ability: ___ HVT

Assessment:

Activity Description:

VISUAL PERCEPTION, VISUALIZATION

Activity 5:

Ability: ___ HVT

Assessment:

Activity Description:

GROSS MOTOR, PRIM REFL, BILAT INTEGRATION

D2, FINE MOTOR, VMI

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Activity 4:   Space Fixator - LRTB

Ability: 3   X HVT

Assessment:

Tends to move/tilt his head with upper gaze targets, and the good news is he felt when it was happening. Also his eyes tended to wander when it was time to go 'back' to the sun, and he was able to feel when that happened, too. Otherwise, he did well with localization.

Activity Description:

Activity 6:   D2

Ability: 4   ___ HVT

Assessment:

4 rings, 60 secs, Alternating hands, 72pts

Activity Description:

Addendum:

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Goals: X Record Complete
Would like clear vision and better visual focus when working at his computer, would like dry eye symptoms to be
better.

Impression:
ocular motor, gross motor, vergences

HVT plan: Equipment:

1 Four Corner Chart - 4x4 Monoc

2 Brock String - 2^ Prism Jumps

3 Space Fixator - LRTB

4

Programming Plan:
VTS-4 - MCV.   Marsden Ball - Pursuits.   ninja hart chart.

CATEGORY:

Activity:

Ability: ___ HVT

Assessment:

CATEGORY:

Activity:

Ability: ___ HVT

Assessment:

Addendum:

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___ 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 Provid
     ___ 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 v
___ 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   Respitory 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

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

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

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 Retin

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

                                                Billing Modifiers Description

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 - Perfor

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

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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:

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