

Medical Records For : Scanlon, Graham
Date of Birth : 05/22/1999
Date of Service : 05/30/2024
Electronically signed by : Dr. Schembri, OD, Lisa 05/30/2024
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Technician: Patti Jackson

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 2 months

Type of Correction _____ Hab Rx OD: -2.50 -1.00 180 Prism

Unaided Visual Acuity Dist Near Hab Rx OS: -3.00 sph

sc OD: 20/ sc OD: 20/ Add: Sync III 9

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/ 25 Hab Rx 2 OS:

cc OS: 20/ 20 cc OS: 20/ 25-1 Add:

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

Prism

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: _____ Series _____ BC _____ Diam _____

AR OS: _____ 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

Test II Fly + OS

Test III Age Expected Animals 3/3

Total Time Wirt Circles 5/10 Color Vision:

Errors I Randot Circles 3/8 IOP 1

Errors II Randot Large Shapes 6/6 Tonometry OD: Tonometry OD:

Errors III Age Expected Dinosaur Tonometry OS: Tonometry OS:

Method: Method:

Total Time Fixation Disparity slightly exo / 0 Time: Time:

Trial Frame _____

Addendum:

Reason for exam today:

VTPE

Family Eye Doctor:

Last Eye Exam:

If not your family eye doctor, whom can we thank for the referral?

CHIEF COMPLAINT

here for VT PE

Location:

Severity:

Quality: Feel so much better! see so much more depth

Duration: 8 weeks VT

Timing:

Context: likes the Sync Lenses, less eye strain, less dry eye too

Secondary Complaints:

NOTES:

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

Mood and Affect

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/ 25	cc OD: 20/	cc OD: 20/	
sc OS: 20/	sc OS: 20/	cc OS: 20/ 20	cc OS: 20/ 25-1	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	OS	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	Ortho x9	9 Gaze

EOM: Full and Smooth

NPC: TTN x3

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

Midline Shift

Notes:

Hab Rx OD: -2.50	-1.00	180	AR OD:	Ret OD:
Hab Rx OS: -3.00	sph		AR OS:	Ret OS:
Add: Sync III 9	Prism			
Sub OD	20/	Dist OU: 20/	FCC plano to -0.25	Add: Near OD: 20/
Sub OS	20/			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: 2 XP	vg	Distance BI:	NRA: +2.00	/
ortho V: Dx		Distance BO:	PRA: -3.00	/
Near Phoria H: 9 XP'	vg	Near BI:	18	16
2 BU V:	Near	Near BO:	24	16

Phoria Add:	Near
V:	

Notes

H Prism V Prism

Final Rx OD:

Final Rx OS:

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 eval

Cont Sync III 13

graduate OVT, continue HVT

RTC 2 months for BV F/U

Class/work recom

NOTES

31 min with patient
VT Codes 92066, 92499, and 97530

Patient Education

Return Visit

Reason:

___ FILLED OUT DL FORM, GAVE TO PATIENT, UPLOADED TO "FILES"

BILLING

- 1 99214 99214 Est. Patient Comp Medical
- 2 92060 92060 Sensorimotor/BV Eval Level 1

3

4

5

6

___ CODE BY TIME (see Code By Time Tab)

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	99214	99214	Est. Patient Comp Medical
H50.53	Vertical heterophoria	92060	92060	Sensorimotor/BV Eval Level 1
H55.82	Deficient smooth pursuit eye movements			
H55.81	Saccadic eye movements			
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: