

Medical Records For : Scanlon, Graham
Date of Birth : 05/22/1999
Date of Service : 07/29/2024
Electronically signed by : Dr. Schwalb, OD, Lauren 07/29/2024
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: SRx [pages:1]

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 03/24 _____ Prism

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

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/ 25-1 Hab Rx 2 OS:

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

cc OU: 20/20 cc OU: 20/ 20/2 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: -2.50 -1.25 007 Series BC Diam

AR OS: -3.00 -0.25 034 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 4/8 IOP 1

Errors II Randot Large Shapes 8/8 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:

BV FU

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

bv follow up

Location: ou

Severity:

Quality:

Duration:

Timing:

Context: skipped 3 weeks of hvt, but was able to pick it back up and noticed improvement.

Secondary Complaints:

NOTES: potential b9 or b12 deficiency. - has gene mutations that potentially deplete b9 and b12

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:
BV FU

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: X 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 X NO General Constitutional (unexplained fever, weight loss or gain, etc.)
X YES ___ NO Eyes (Disease related such as Glaucoma, Detached Retina) Dry Eye Disease
X YES ___ NO Ears, Nose, Throat, Mouth (Hearing loss, chronic nasal congestion, chronic cough) nasal congestion - had inferior turbinate reduction surgery
___ YES X NO Respiratory (Asthma, chronic bronchitis, shortness of breath, etc.)
___ YES X NO Cardiovascular (Diabetes, hypertension, heart problems, etc.)
___ YES X NO Gastrointestinal (Diarrhea, constipation, hernia, ulcers, etc.)
X 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 X NO Hematological/Lymphatic (anemia, bleeding problems, etc.)
___ YES X NO Musculoskeletal (Muscle pain, trauma, osteoarthritis, osteoporosis, etc.)
___ YES X NO Skin (Eczema, Psoriasis, rashes, etc.)
___ YES X NO Neurological (Epilepsy, Cerebral Palsy, tumor, autism, etc.)
X YES ___ NO Psychiatric (ADHD, Depression, anxiety, etc.) Depression, anxiety, other undiagnosed
___ YES X NO Endocrine (Diabetes, Thyroid problems, etc.)
___ YES X NO Allergic/Immunological (Please list all food and environmental allergies)

Family History

___ Unknown family history Relationship:
Stroke ___ Yes X No
Diabetes ___ Yes X No
High blood pressure ___ Yes X No
Blindness ___ Yes X No
Macular Degeneration ___ Yes X No
Glaucoma ___ Yes X No
Retinal Detachment ___ Yes X No

Strabismus/Amblyopia Yes No

Other:

SOCIAL HISTORY

Smoking Status	Never smoker (<100 cigs equiv)	Type	How Long	Discussed Cessation	No
Alcohol	Socially	Type	How Long		
Illegal Drugs	No	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:

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/ 25-1	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/ 20	cc OU: 20/ 20/2	cc OU: 20/	cc OU: 20/	

Visual Field OD	OS	K's OD:	@	/	@
Pupils OD:	Dim	Light	K's OS:	@	/ @
Pupils OS:	Dim	Light			

Notes:

Cover Test			
Distance CT without Rx	Distance CT with Rx	Ortho	CT with Probe
Near CT without Rx	Near CT with Rx	4 xp' x 9	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: -2.50	-1.25	007	Ret OD:
Hab Rx OS: -3.00	sph		AR OS: -3.00	-0.25	034	Ret OS:
Add: Sync III 9	Prism					
Sub OD	20/		FCC	Add:		Near OD: 20/
Sub OS	20/	Dist OU: 20/	+0.25			Near OS: 20/
						Near OU: 20/ 20

Notes: near testing through habitual

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: 3 xp	vg	Distance BI:	NRA: +2.00	/
2 BU Dx		Distance BO:	PRA: -2.50	/
V:				
Near Phoria H: 12 XP'	vg	Near BI: x	24	20
ortho	Near	Near BO: x	24	20
V:				
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

6

7

8

9

10

11

12

PLAN

Sensorimotor eval. Doing well post VT. continue HVT prn. Pt owns box.

continue current specs. rtc prn.

25 min

Class/work recom

NOTES

Patient Education

Return Visit

Reason:

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

BILLING

- 1 99213 99213 Established patient, detailed
- 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
Never smoker (<100 cigs equiv) No

Tobacco Use Tobacco Non-User
Current non-smoker (finding)

Tobacco Use Screening Reason Tobacco Use Screening Not Done
Tobacco smoking status NHIS

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	99213	99213	Established patient, detailed
H50.53	Vertical heterophoria	92060	92060	Sensorimotor/BV Eval Level 1
H55.82	Deficient smooth pursuit eye movements			
H55.81	Saccadic eye movements			

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 - 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
OD									
OS								Near PD	

Notes:

Contact Lens Rx 1

X Disposable

X Sphere

	Manufacturer	Series	Base Curve	Diameter	Sphere	Tint
OD						

OS

Notes: