

Medical Records For : Scanlon, Graham
Date of Birth : 05/22/1999
Date of Service : 03/28/2024
Electronically signed by : Dr. Schembri, OD, Lisa 03/28/2024
Tabs Filled Out : Chief Complaint [pages:1]
: VF/VEP [pages:1]
: A & P [pages:1]
: ARRA [pages:4]
: SRx [pages:1]

Reason for exam today:

Family Eye Doctor:

Last Eye Exam:

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

CHIEF COMPLAINT
here for testing

Location:

Severity:

Quality:

Duration:

Timing:

Context:

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:

Visual Field

Reliable

- Humphrey
- Excellent
- FDT
- Good
- Color Field
- Poor

Visual Evoked Potential Testing

Reliable

- Monocular
- Binocular

Other

Low Contrast Amp

OD OS OU

Latency

OD OS OU

High Contrast Amp

OD OS OU

Latency

OD OS OU

Interpretation

Interpretation

LX difficulty obtaining waveforms. only got High contrast OS without add, with add OS normal, still no low contrast OD waveforms binoc better with add than prism.

Plan

- | | | |
|---|----|----|
| <input type="checkbox"/> Stable condition | RT | LT |
| <input type="checkbox"/> Glaucoma | | |
| <input type="checkbox"/> Glaucoma Suspect | | |
| <input type="checkbox"/> Monitor prn | | |
| <input type="checkbox"/> Monitor for changes yearly | | |

Plan

- Monitor for improved function by next progress evaluation
- Monitor for Changes yearly
- Repeat Testing at later date

Other Notes

Other Notes



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

VEP today

better with add only. Recommend Sync III 13

Begin VT, RTC after 8 weeks.

Class/work recom

NOTES

17 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 99212 99212 Est. Pt. Exp. Problem Focused
2 95930 95930 Visual Evoked Potential

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 v
- Patient was provided education resource
- (By checking this box, you agree that Crystal
was used to determine proper resource)

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 ft	Weight in	Blood Pressure lbs /	Body Temperature	BMI	BMI Percentile	BMI Followup?	Counseling Physical Activity
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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 H	Cup to Disc ratio OS V	Reason Cup to Disc Ratio Not Done
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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 Edem

Macular Edema Findings Absent Type

Macular Edema Findings Absent Type Communicated

Reason Not Communicated - Macular Edem

Communicated to Diabetes Care Provider:
Exam Findings Severity of Retinopathy

Retinopathy Severity Level

Level of Severity of Retinopathy Type Communicated

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
H51.11	Convergence insufficiency	99212	99212	Est. Pt. Exp. Problem Focused
H50.53	Vertical heterophoria	95930	95930	Visual Evoked Potential
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 - Performer

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 3

		Sphere	Cylinder	Axis	Vert Prism	Hori Prism	Add	Seg Ht	Dist PD	Mono PD
-2.50	OD	-2.50	-1.00	180			Sync III 9			
-3.00	OS	-3.00	sph				Sync III 9		Near PD	

Notes:

Contact Lens Rx 3

X Disposable

X Sphere

Manufacturer	Series	Base Curve	Diameter	Sphere	Tint
OD					

OS

Notes: