

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
Tabs Filled Out	: Pretest [pages:1]	
	: Chief Complaint [pages:1]	
	: Medical History [pages:2]	
	: TBI History [pages:1]	
	: Anterior [pages:1]	
	: Posterior [pages:1]	
	: Exam [pages:2]	
	: A & P [pages:1]	
	: EyeSync [pages:1]	
	: 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

X

School

Grade

Occupation Web Devloper

Hobbies Reading, Outdoors and Music

Referral

Accompanied by

Visual Acuity Method

Type of Chart

Age of Glasses 2022

Prism

Type of Correction

Unaided Visual Acuity Dist Near

Hab Rx OD: -2.25 -0.75 179

Hab Rx OS: -2.50 -0.25 003

Add:

Style

sc OD: 20/ sc OD: 20/

sc OS: 20/ sc OS: 20/

sc OU: 20/ sc OU: 20/

Prism

Acuity with Glasses Dist Near

Hab Rx 2 OD:

Hab Rx 2 OS:

Add:

Style

cc OD: 20/20 cc OD: 20/ 20

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

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

Prism

Acuity with Contacts Dist Near

Hab Rx 3 OD:

Hab Rx 3 OS:

Add:

Style

cc OD: 20/ cc OD: 20/

cc OS: 20/ cc OS: 20/

cc OU: 20/ cc OU: 20/

Right 26

AR OD: -2.00 -1.25 019

AR OS: -2.50 -0.25 105

Series

BC

Diam

CL Rx OD:

CL Rx OS:

Pupillary Distance

OD PD

Sph

Cyl

Axis

Add

OS PD

X

Binoc

X

King Devick

Test I

Stereo:

VF Screening: OD Palm Scanner

Test II

Fly

+

OS Palm Scanner

Test III

Age Expected

Animals

3/3

Color Vision: Normal

Total Time

Wirt Circles

4/10

IOP 1

Errors I

Randot Circles

2/8

Tonometry OD: 16.4

Tonometry OD:

Errors II

Randot Large Shapes

yes

Tonometry OS: 18.9

Tonometry OS:

Errors III

Age Expected

Dinosaur

Method: icare

Method:

Total Time

Fixation Disparity exo arrow to right/ ortho

Time: 02:02 PM

Time:

Trial Frame

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___ NODelays in GROSS motor development (i.e. difficulties learning to ride a bike, catch a ball, play sports etc.)?

___ YES___ NODelays 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___ NOOther 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:

Dilation	OD		OS	
___ Dilated	clear		Adnexa	clear
___ Pt Refused Dilation			Lids	clear
Time:	clear		Tarsal Plate	normal
Eye	normal		Orbits	normal
Drops	normal		Preauricular Nodes	normal
Tear Analysis	not palpated		Bulb Conj	(-) injection
Type	(-) injection		Palp Conj	clear
___ Anesthetic	clear		Cornea	clear
OD	clear	Min	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:

Optic Disc / Cup to Disc	OD				OS			
Cup to Disc Not Evaluated	clear (no IOL as was indicated by prev record)				Lens	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								
___ Direct								
___ Panoptic								
			V 0.1	H 0.1	Size / Ratio	C/D Ratio	V 0.1	H 0.1
	flat, (+) reflex, no drusen or pigment disrution				Macula	flat, (+) reflex, no drusen or pigment disrution		
If Macula / Fundus Exam	normal				Post Retina	normal		
not performed please	2/3 A/V ratio				Vessels	2/3 A/V ratio		
document the reason	flat, no breaks undilated				Periphery	flat, no breaks undilated		
Posterior Notes	clear				Vitreous	clear		
just dilated last month, see files					DME			
					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			
Midine 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:				
V:	Near			

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	Saccades	Convergence	VOR	VORx
poor assessment of OS throughout EyeSync. high exo at near and Lhypo; when depicted, OS shown down and out	horizontal 25 vertical 60	dd		dd
CW 80 CCW 73			3	
percentile	percentile	percentile	percentile	percentile
Addendum:				

☐ Ignore this record for Meaningful Use

Field Color GuideMU3CQMsMultiple 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 Ball was used to determine proper resource)

☐ No current medications

Medications DocumentedReason Current Medications Not Documented

Reason Current Medications Not Documented (AOA)

Pharmacy

RaceEthnicityPreferred LanguageSexual Orientation

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

HeightWeightBlood PressureBody TemperatureBMIBMI PercentileBMI Followup?Counseling Physical Activity
ftinlbs/

Reason Diastolic Blood Pressure Not TakenHypertension?Reason BMI Not DoneCounseling Nutrition

Reason Systolic Blood Pressure Not TakenHbA1c Lab Test ResultRecvd Flu Immun.

Heart RateRespiratory RatePulse Oximetry

Smoking StatusDiscussed Cessation

Tobacco UseTobacco Non-User

Tobacco Use ScreeningReason Tobacco Use Screening Not Done

Tobacco Use Cessation CounselingReason Tobacco Use Cessation Counseling Not Done

Cup to Disc ratio ODCup to Disc ratio OSReason Cup to Disc Ratio Not Done
H V H V

Optic Nerve EvaluationOptic disc or retinal nerve abnormalities:
OD OSReason 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 ExamMacular EdemaReason 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

Exam FindingsSeverity of Retinopathy

Level of Severity of Retinopathy Type Communicated

Retinal or Dilated Exam Negative Finding

Reason Not Communicated - Level of Severity of Retinopathy

Retinal/Dilated Eye ExamRetinal 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:

