

Medical Records For	: Scanlon, Graham	
Date of Birth	: 05/22/1999	
Date of Service	: 05/08/2024	
Electronically signed by	: Dr. Schwalb, OD, Lauren	05/08/2024
Tabs Filled Out	: VT [pages:2]	
	: VT 2 [pages:1]	
	: VT Hx [pages:1]	
	: ARRA [pages:4]	

Visit # 6	Vision Therapist: Tara Meresak	Time spent with patient	Total time:
		Start 12:00	Stop 12:5555 minutes
Assessment:		Subjective	
Convergence insufficiency		Eyes have felt more tired this week. Liked the mental minus and it went well. Eyes	
Vertical heterophoria		are good today, not too tired. Less eye strain in general. Feels like nerves in his	
Deficient smooth pursuit eye movements		eyes have calmed down. Noticing depth more in his daily	
Saccadic eye movements		activites	

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: Quoits -jump ductionOrder # 4Date - Target Used - BI Blur/Break/Recovery - BO Blur/Break/Recovery - SILO: yes/no

BI B/B/RM/P/I

BO B/B/RX/33/27

SILO SLO was easy today I was difficult

Ability: 3

Assessment:
trying to work silo

Activity Description:
SILO, SOLI, S-L-, -I-O. Double for SILO. Feeling tones? BIM-BOP, flipper? Localization.

OCULAR MOTOR

Activity 3:

Ability: ____ HVT

Assessment:

VERGENCES / ATTENTION

Activity 21Split Prism

Ability: 3 ____ HVT

Assessment:
able to align beads, able to diverge and move bead to the left.
unable to move the bead to the right...unless he uses his finger to get it to move.
with animal on wolff wand - putting puppet right in front of the bead initially but corrects easily.

Activity Description:
Prism ?. 1: Wolff wands: line up sticks. 2: Hoops on hooks: # hoops on hooks. 3: Long sticks: touch tips together.

ACCOMMODATION

Activity 13Mental Minus

Ability: 3X HVT

Assessment:
OD and OS: level 4: able to clear and blur with lens on. Level 5 and 6 - able to do with work. Lens off -holding the blur is a challenge.
Did levels 7 and 8: challenging

ANTI SUPPRESSION

Activity 82Sliding Stereo Circle

Ability: 3X HVT

Assessment:
Divergence - difficult to appreciate the depth
Convergence -sees correct stereo today.

Activity Description:
Lens used. Ability. Feeling tones. OD, OS, OU. 1:Trombone. 2:Lens on-clear/lens off-clear. 3:Lens on-don't clear/lens off-clear. 4:Lens on, clear then blur. 5:Lens on-clear/lens off-keep blurred. 6:With lens off, adjust focus so letters are clear when you have the lens in front of your eye.

CENTRAL-PERIPHERAL, LAT/DIR, SPATIAL REL

Activity 7:

Ability: ____ HVT

Assessment:

Activity Description:

VISUAL PERCEPTION, VISUALIZATION

Activity 5:

Ability: ____ HVT

Assessment:

Activity Description:

Activity Description:

GROSS MOTOR, PRIM REFL, BILAT INTEGRATION

D2, FINE MOTOR, VMI

Activity 4:

Ability: ____ HVT

Assessment:

Activity 6:

Ability: ____ HVT

Assessment:

Activity Description:

Activity Description:

Addendum:

X Record Complete

X Record Complete

CI -improving, vert heterophoria,
pursuits/saccades,-improving
stereo - unstable....today BI was easier to see stereo on the vecto vs. BO

Equipment:

- 1 +/-2.50 flipper monoc
- 2 Brock String: jumps, slides and 6^
- 3 Mental Minus: Levels 4-8
- 4 Sliding Stereo Circle

continue previous

Brock String -8^ prism, BIM BOP, sliding stereo circle, Near Far Phonetic focus.
d2 , binoc flipper, honeycomb chart with infinity walk

Activity: 5 BIM/BOP

Ability: 3 _____ HVT

+/- 1.00
Flipper helps keep the quoits clear.
BI: X/L/H
BO: X/20

Activity:

Ability: _____ HVT

Assessment:

Addendum:

Date - Activity - Ability
04/02/2024 - Brock String - 2.5
04/02/2024 - Wolff Wands - 3.5
04/02/2024 - - 1
04/11/2024 - Brock String - 2^ Prism Jumps - `3
04/11/2024 - Four Corner Chart - 4x4 Monoc - 3
04/11/2024 - Space Fixator - LRTB - 3
04/11/2024 - D2 - 4
04/16/2024 - Brock String - 3
04/16/2024 - Hart Chart - 3
04/16/2024 - Space Fixator - LRTB - 3
04/16/2024 - C-P ABCs - 3.5
04/24/2024 - Flipper +/-1.50 monoc - 3.5
04/24/2024 - Sliding Stereo Circles -
04/24/2024 - Four Corner Chart - 5
04/24/2024 - D2 -
04/24/2024 - - 3
05/01/2024 - Mental Minus - 3
05/01/2024 - Sliding Stereo Circles - 3
05/01/2024 - Marsden Ball - 4
05/01/2024 - D2 - 4
05/08/2024 - Mental Minus - 3
05/08/2024 - Mental Minus -
05/08/2024 - Split Prism - 3
05/08/2024 - Split Prism -
05/08/2024 - Greenwald -
05/08/2024 - D2 -
05/08/2024 - - 3

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

Prescribed Date - Medication Name - Status - Form
05/30/2024 - Ritalin - Active -

Is Primary Care Provider?

___ 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
<p>1. <i>Aspirin</i></p> <p>2. <i>Metoprolol</i></p> <p>3. <i>Lisinopril</i></p> <p>4. <i>Atorvastatin</i></p> <p>5. <i>Levothyroxine</i></p> <p>6. <i>Warfarin</i></p> <p>7. <i>Insulin</i></p> <p>8. <i>Acetaminophen</i></p> <p>9. <i>Hydrochlorothiazide</i></p> <p>10. <i>Simvastatin</i></p> <p>11. <i>Clonidine</i></p> <p>12. <i>Furosemide</i></p> <p>13. <i>Metformin</i></p> <p>14. <i>Albuterol</i></p> <p>15. <i>Nitroglycerin</i></p> <p>16. <i>Diazepam</i></p> <p>17. <i>Valproic Acid</i></p> <p>18. <i>gabapentin</i></p> <p>19. <i>gabapentin</i></p> <p>20. <i>gabapentin</i></p> <p>21. <i>gabapentin</i></p> <p>22. <i>gabapentin</i></p> <p>23. <i>gabapentin</i></p> <p>24. <i>gabapentin</i></p> <p>25. <i>gabapentin</i></p> <p>26. <i>gabapentin</i></p> <p>27. <i>gabapentin</i></p> <p>28. <i>gabapentin</i></p> <p>29. <i>gabapentin</i></p> <p>30. <i>gabapentin</i></p> <p>31. <i>gabapentin</i></p> <p>32. <i>gabapentin</i></p> <p>33. <i>gabapentin</i></p> <p>34. <i>gabapentin</i></p> <p>35. 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Reason Current Medications Not Documented (AOA)

Pharmacy

Race	Ethnicity	Preferred Language
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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
Current	Yes
Current	No
Former	Yes
Former	No
Never	Yes
Never	No

	Tobacco Use	Tobacco Non-User
1. Age	50.0	50.0
2. Sex	50.0	50.0
3. Education	50.0	50.0
4. Income	50.0	50.0
5. Marital Status	50.0	50.0
6. Health Status	50.0	50.0
7. Physical Activity	50.0	50.0
8. Diet	50.0	50.0
9. Alcohol Consumption	50.0	50.0
10. Stress Levels	50.0	50.0
11. Sleep Patterns	50.0	50.0
12. Family History	50.0	50.0
13. Environmental Factors	50.0	50.0
14. Genetic Predisposition	50.0	50.0
15. Lifestyle Changes	50.0	50.0
16. Social Support	50.0	50.0
17. Mental Health	50.0	50.0
18. Chronic Conditions	50.0	50.0
19. Medication Use	50.0	50.0
20. Healthcare Access	50.0	50.0
21. Patient Adherence	50.0	50.0
22. Clinical Outcomes	50.0	50.0
23. Quality of Life	50.0	50.0
24. Healthcare Costs	50.0	50.0
25. Public Health Impact	50.0	50.0

Tobacco Use Screening	Reason Tobacco Use Screening Not Done
Screened	Not Screened
Not Screened	Screened
Screened	Screened
Not Screened	Not Screened

[illegible]

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

Exam Findings Severity of Retinopathy

Retinal or Dilated Exam Negative Finding

Level of Severity of Retinopathy Type Communicated

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

Depression Screening Result

Reason Depression Screening not taken

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 - 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: