

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		Visual Evoked Potential Testing	
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Other

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

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

☐ No current medications

Medications DocumentedReason Current Medications Not Documented

Reason Current Medications Not Documented (AOA)

Pharmacy

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)

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

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V

Optic Nerve Evaluation

Optic disc or retinal nerve abnormalities:

Reason Optic Disc Exam for Struct. Abnorm. Not Done

OD

OS

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 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	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		
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:

