

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
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: 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

Hab Rx OD: -2.25 -0.75 179

Unaided Visual Acuity Dist Near

Hab Rx OS: -2.50 -0.25 003

sc OD: 20/ sc OD: 20/

Add:

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/ 20

Hab Rx 2 OS:

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

Add:

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

Style

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

Prism

AR OD: -2.00 -1.25 019

Series

BC Diam

AR OS: -2.50 -0.25 105

CL Rx OD:

Pupillary Distance

CL Rx OS:

OD PD

Sph

Cyl

Axis

BC

Diam

OS PD

X

Binoc

X

Right
26

King Devick

VF Screening:

Test I

OD Palm Scanner

Stereo:

Test II

OS Palm Scanner

Fly

+

Test III

Age Expected

Animals

3/3

Total Time

Color Vision: Normal

Errors I

Wirt Circles

4/10

Errors II

Randot Circles

2/8

IOP 1

Errors III

Randot Large Shapes

yes

Tonometry OD: 16.4

Tonometry OD:

Total Time

Dinosaur

Tonometry OS: 18.9

Tonometry OS:

Fixation Disparity exo arrow to right/ ortho

Method: icare

Method:

Trial Frame

Time: 02:02 PM

Time:

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

<input type="checkbox"/> Unknown family history	Relationship:
Stroke	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
High blood pressure	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Blindness	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Macular Degeneration	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Glaucoma	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Retinal Detachment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 received 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
<input type="checkbox"/> Dilated	clear		Adnexa	clear
<input type="checkbox"/> Pt Refused Dilation	clear		Lids	clear
Time:	normal		Tarsal Plate	normal
Eye	normal		Orbits	normal
Drops	not palpated		Preauricular Nodes	normal
Tear Analysis	(-) injection		Bulb Conj	(-) injection
Type	clear		Palp Conj	clear
<input type="checkbox"/> Anesthetic	clear		Cornea	clear
OD Min	clear		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	Cortex / Nucleus	0	0
Exam Method	flat and even			Iris	flat and even	
	blue			Color	blue	
<input type="checkbox"/> 20 D Lens	even, good coloration			Optic Disc	even, good coloration	
<input type="checkbox"/> 30 D Lens				Appearance	good	
<input type="checkbox"/> 78 D Lens				Nerve Fiber Layer		
<input checked="" type="checkbox"/> 90 D Lens				V 0.1	H 0.1	
<input type="checkbox"/> Direct				Size / Ratio	C/D Ratio	
<input type="checkbox"/> Panoptic				Macula	flat, (+) reflex, no drusen or pigment disruption	
If Macula / Fundus Exam not performed please document the reason	flat, (+) reflex, no drusen or pigment disruption			Post Retina	normal	
	normal			Vessels	2/3 A/V ratio	
	2/3 A/V ratio			Periphery	flat, no breaks undilated	
	flat, no breaks undilated			Vitreous	clear	
Posterior Notes just dilated last month, see files	clear			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:
Sub OS -3.00	sph		20/ 20	+1.00		Near OD: 20/
						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 2 BU V:	Dx vg	Distance BI: Distance BO:		NRA: +0.50	/
Near Phoria H: 15 XP' 2 BU V:	vg Near	Near BI: Near BO:	12 6 0 -2	PRA: -0.50	/

Phoria Add:
Near
V:

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	3	dd
CW 80 CCW 73	percentile	percentile	percentile	percentile

Addendum:

Ignore this record for Meaningful Use

Field Color Guide MU3 CQMs Multiple Reporting Agencies

Notes

Status - Allergy Agent - Reaction - Severity
- Empty List - -

X 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	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 - 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						
									Near PD	
-3.00	OS	-3.00	sph							

Notes: Hold for VEP

Contact Lens Rx 3

X Disposable						
X Sphere						
Manufacturer	Series		Base Curve	Diameter	Sphere	Tint
OD						

OS

Notes: