

Comprehensive Exam / Wellness workup

1. CC – brief statement of reason for the visit
2. HPI – brief phrases describing the problem, it should flow easily and tell the story of the problem
3. Ocular History – review prior injuries, surgeries, ocular issues
4. Eye Meds – review of current medications (can include meds patient normally takes, but is out of)
5. Family Ocular History – limit to parents and grandparents
6. Primary vision correction – document what the patient normally wears
7. Contact lens history – if a current wearer, need to know type of CLs, cleaner, disposal, and wear schedule
8. Demographics – required for Meaningful Use

9. ROS – notes can be brief, more detail when affects they eye
10. PCP – note name, last exam, reason for vist (make sure name is correct as we will send reports to them)
11. Meds – click in the box to search online (if start date unknown, use today date)
12. Allergies – click in the box (need to know the severity of the reaction)
13. Family Medical – need to know disease that could affect the eye (diabetes, CVD, cancer, Lupus, etc.)
14. Previous Vision Correct – use lensometer or pull old Rx forward
15. Auto Refraction / Keratometry – get a new one everytime, do NOT pull forward
16. Pretests – if it looks perfect - document normal, any questions at all – leave blank, (color and stereo only as needed)
17. Vitals – check BP with wrist cuff, ask patient their height and weight, ask patient glucose and A1C

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Diagn Drugs Extern Obs Proc RX Off Refraction Binocular Prescription Exam CL fit CL F/U Post-Op Interp A & P Drug RX ARRA

CHIEF COMPLAINT Previous

Location: Severity: Quality: Duration: **Use to pull forward previous**

Timing: **Use short phrases, check defaults (F9) when in doubt** Associated:

Secondary Complaints:

Location: Severity: Quality: Duration:

Timing: Context: Modifying: Associated:

Notes:

REVIEW OF OCULAR SYSTEM

Ocular History

Eye Meds: Last Eye Exam: Doctor:

FAMILY OCULAR HISTORY

Glaucoma: Cataracts: Macular Degen: Retinal Detach: Crossed / Lazy:

Primary Vision Correction: Back up specs? Wants new glasses?

Type of CLs worn in past: Cleaner: Disposal:

Wear Time: **Can use F10 key to pull forward** /week hours comfortably

NOTES:

Race: Ethnicity: Preferred Language:

INFORMED CONSENT

Type: Date / Version: Time:

Subject Given time to read
 All questions answered
 No study related procedures conducted prior to consent
 Subject request that we notify PCP

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REVIEW OF SYSTEMS

GENERAL: **Use short phrases**

EAR, NOSE:

CARDIOVASCULAR: **Can pull from online history**

RESPIRATORY: **Can pull from previous**

GENITAL, KIDNEY:

MUSCLES, BONES, JOINTS:

SKIN:

NEUROLOGICAL:

PSYCHIATRIC:

ENDOCRINE:

BLOOD/LYMPH:

ALLERGIC / IMMUNOLOGIC:

GASTROINTESTINAL:

Pregnant Or Nursing:

Recent Tetanus Shot:

FAMILY MEDICAL HISTORY: Family History Unknown family history

Relationship: Disease or Condition:

Empty List

PATIENT MEDICAL HISTORY: Previous

Primary Care Physician: Last Visit:

Reason For Visit: History Reviewed by Dr:

Prescribed Date | Medication Name

05/17 |

10/05 |

05/13/2013 | Lisinopril

Has online search enabled

No meds

Vitamins:

OTC:

Status | Allergy Agent | Reaction

Active | | swelling

Has online search enabled

NKDA

Injuries, Surgeries, Hospitalization:

Notes:

SOCIAL HISTORY

Occupation: Hobbies:

Smoking Status: Type: How Long:

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Diags Drugs Extern Obs Proc RX Or
Chief Complaint today Medical Hx today DED today Objective today Refraction today Binocular today Prescription today Exam today CL fit today CL F/U today Post-Op today Interp today A & P today Drug RX today ARRA today

PREVIOUS VISION CORRECTION Last Rx

GL OD: X 20/ Add: Near OD 20/

GL OS: **Can pull from previous** Near OS 20/ Age of Glasses:

Type of CLs worn in past: BC Power 20/ Cleaner:

20/ Wear Time: Disposal:

AUTO REFRACTION

AR OD: X VA OD sc: 20/ AK OD: @ / @

AR OS: **Enter new values (don't pull forward)** 20/ AK OS: **Enter new values (don't pull forward)**

PRETESTS

Confrontations: Versions: Color OD: OS:

Pupil Size Dim: **Enter new values (don't pull forward)** Consensual: APD:

CT: Stereo: Notes

OTHER

Neuro: Psych: IOP (NCT) OD: OS: Time:

BP: Height: **Can query the patient** Time:

Glucometry: **Can query the patient** HbA1C Taken Time: