

Dry Eye Exam

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 any current medications (can include meds patient normally takes, but is out of)
5. Contact lens history – if a current wearer, need to know type of CLs, cleaner, disposal, and wear schedule
6. Dry Eye History (use F9 if you need to see default choices)
7. SPEED test – ask about symptoms (record using 0-3 or 0-4 scale as noted above fields)
8. Inflammadry – Sam does these
9. Tear Osmaliry – Sam does these

Test, Record Shift F8 Dr. Cass, Peter J. 03/31/2017 [Pics](#) [Letter](#) [R Slip](#) [Files](#) [Spec RX](#) [CL RX](#)

[Diagn](#) [Drugs](#) [Extern](#) [Obs](#) [Proc](#) [RX](#) [Of](#) [Refraction](#) [Binocular](#) [Prescription](#) [Exam](#) [CL fit](#) [CL F/U](#) [Post-Op](#) [Interp](#) [A & P](#) [Drug RX](#) [ARRA](#)

CHIEF COMPLAINT

Use short phrases

Location: **Use short phrases, check defaults (F9) when in doubt** Duration: **Use to pull forward previous**

Timing: 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: Disposal:

Wear Time: (Hours/day) Day/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

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

DRY EYE HISTORY

Previous

Environmental Factors: **Can use F9 key to view defaults**

Systemic Conditions:

Systemic Meds:

Ocular meds:

Artificial tears:

Times/day:

Signs:

Contact lenses:

Frequency (0=never,1=sometimes,2=often,3=always) Severity (0=none,1=tolerable,2=uncomfortable,3=bothersome,4=intolerable)

Dryness, Grittiness or Scratchiness Dryness, Grittiness or Scratchiness

Soreness or Irritation **Use scale above and note response**

Burning or Watering Burning or Watering

Eye Fatigue Eye Fatigue Total Score

OCULAR SURFACE DISEASE INDEX

(rate on a scale of 4: 0= Never, 1= Rarely, 2= Sometimes, 3= Often, 4= Always)

Experienced the following?	Limited in performing the following?	Uncomfortable in the following?
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total responses

DRY EYE TESTING

	OD	OS
Lipid Layer Thickness	<input type="text"/>	<input type="text"/>
Blink Rate (Partial / Full)	<input type="text"/>	<input type="text"/>
Gland Drop out	<input type="text"/>	<input type="text"/>
Gland Blockage	<input type="text"/>	<input type="text"/>
MGE Score	<input type="text"/>	<input type="text"/>
Lipid Consistency	<input type="text"/>	<input type="text"/>
Tear Break Up Time (TBUT)	<input type="text"/>	<input type="text"/>
Osmolality	Sam Does this	
Tear Meniscus	<input type="text"/>	<input type="text"/>
Inflammadry (MMP-9)	Sam Does this	
Conj Staining	<input type="text"/>	<input type="text"/>
Corneal Staining	<input type="text"/>	<input type="text"/>