Name ______________________ Chart No. ____________ Date ______________

Page No. ____

HISTORY

CC/HPI ____

HPI	New Pt Level	Est Pt Level
Brief (1-3)	1,2	2,3
Ext (4+)	3,4,5	4,5

___ Loc
___ Qual
___ Sev
___ Dur
___ Time
___ Context
___ Mod Fac
___ Assoc S/S
___ /8

REVIEW OF SYSTEMS (ROS)

Y	N		Y	N		Y	N		Y	N	
☐	☐	CONSTITUTIONAL	☐	☐	RESPIRATORY	☐	☐	MUSCULOSKELETAL	☐	☐	ALLERGIC/ IMMUNOLOGIC
☐	☐	EYES	☐	☐	GASTROINTESTINAL	☐	☐	NEUROLOGICAL			
☐	☐	EARS, NOSE, MOUTH, THROAT	☐	☐	GENITOURINARY	☐	☐	HEMATOLOGIC/ LYMPHATIC	☐	☐	ENDOCRINE
☐	☐	CARDIOVASCULAR	☐	☐	INTEGUMENTARY				☐	☐	ALL OTHERS

IF YES, DESCRIBE ____

ROS	New Pt Level	Est Pt Level
None	1	2
Pert(1)	2	3
Ext(2-9)	3	4
Compl(10+)	4,5	5

MEDS ____________________ **OCULAR MEDS** ____________________

ALLERGIES ____

PFSH:

PAST MEDICAL HISTORY ____________ PAST OCULAR HISTORY ____________

PFSH	New Pt Level	Est Pt Level
None	1,2	2,3
Pert (1)	3	4
Complete (2 or 3*)	4,5	5

**New Etc.*

FAMILY HISTORY

☐ Nonpertinent ☐ Pertinent ______________________________

SOCIAL HISTORY

Y	N		Y	N	
☐	☐	Drugs ____________	☐	☐	Occupational ____________
☐	☐	Alcohol ____________	☐	☐	Other ____________
☐	☐	Tobacco ____________			

ROS/PFSH Reviewed—No change since visit of ______________________ Initials ________

EXAMINATION

DISTANCE

V SC OD _____ V CC OD _____ C $\overline{PH}$ OD _____ NEAR OD _____

OS _____ OS _____ OS _____ OS _____

Rx OD ____________________ OD __________ TYPE OF MULTIFOCAL

ADD

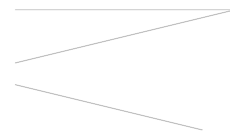
OS ____________________ OS __________

Manifest Refraction OD ____________________________ OD __________

ADD

OS ____________________________ OS __________

©1997 Riva Lee Asbell



	R Neg	R Pos		L Neg	L Pos	
LIDS & ADNEXA	☐	☐	____	☐	☐	____

PUPILS NPC

EOM DISTANCE NEAR VERSIONS

SC

CC

OD____

CONFRONTATION FIELDS R L PACHYMETRY OS ____

GONIOSCOPY

T ____ OD

TIME ____

OS

OD OS

Cycloplegic Refraction OD ____

OS ____

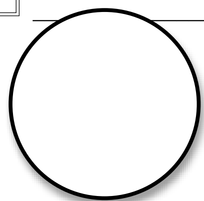
☐ Rx Given OD ____ ADD OD ____

OS ____ OS ____

___ Vision ___ VF ___ EOM ___ Conj ___ Adnexa ___ Pupils/Irides ___ Cornea ___ AC ___ Lens ___ IOP ___ Optic D ___ Post Seg ___ Orient ___ Mood ___ /14

LEVEL	New	Est
PF (1-5)	1	2
Ex PF (6)	2	3
Detail (9)	3	4
Comp (14)	4,5	5

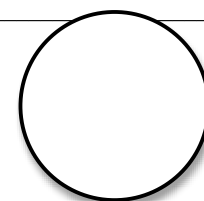
R Neg	R Pos			L Neg	L Pos	
☐	☐	____	CONJUNCTIVA	☐	☐	____
☐	☐	____	CORNEA	☐	☐	____
☐	☐	____	TEAR FILM	☐	☐	____
☐	☐	____	A/C	☐	☐	____
☐	☐	____	IRIS	☐	☐	____
☐	☐	____	LENS	☐	☐	____



C/D ____

DILATED EXAM N M C

____ × OD OS OU



C/D ____

R L

R Neg	R Pos			L Neg	L Pos	
☐	☐	____	VITREOUS	☐	☐	____
☐	☐	____	OPTIC DISC	☐	☐	____
☐	☐	____	MACULA	☐	☐	____
☐	☐	____	VESSELS	☐	☐	____
☐	☐	____	PERIPHERY	☐	☐	____

NEUROLOGIC/PSYCHIATRIC ☐ Oriented to time, place, person ☐ Mood and affect appropriate

MEDICAL DECISION MAKING

Mgmt Options __ /4
Data __ /4
Risk __ Min
__ Low
__ Mod
__ High

Impression:

Plan:

RTO:

NEXT TIME
__ Dilated Exam
__ Photos
__ Refraction
__ VF
__ Other
__ Note
__ Letter

99 __ __ __

____ (PHYSICIAN)

©1997 Riva Lee Asbell