OPHTHALMOLOGY EXAMINATION RECORD
NAVAL HOSPITAL BREMERTON

DATE TIME DOCTOR

MEDS ☐ None

Last:
Tap: / DFE: HVF:
Photos: MR : Gonio:

AGE ALLERGIES ☐ NKDA

PMH ☐ None
☐ Diabetes

Family history

y n Social
☐ ☐ Alcohol
☐ ☐ Tobacco
☐ ☐ Drugs

Service
☐ New
☐ Est (w/in 3 yr)
☐ Consult

☐ Inpatient - init
☐ Inpatient - F/U
Check one.

# PFSH	Level New	Level Est
☐ 0	1,2	2,3
☐ 1	3	4
☐ 2		5
☐ 3	4,5	

Count up the number (#) of PFSH elements and check the box.

nl abn ROS
☐ ☐ All other systems normal
☐ ☐ Allergic
If abnormal, describe:

☐ ☐ Cardiovascular
☐ ☐ Endocrine
☐ ☐ ENT
☐ ☐ Eye
☐ ☐ GI
☐ ☐ GU
☐ ☐ Hematologic
☐ ☐ Neurologic
☐ ☐ Psychiatric
☐ ☐ Respiratory
☐ ☐ Skin
☐ ☐ Systemic

Level of eye pain: 0 1 2 3 4 5 6 7 8 9 10
☐ OD ☐OS ☐OU ☐new ☐stable ☐ worsening

# ROS	Level New	Level Est
☐ 0	1	2
☐ 1	2	3
☐ 2	3	4
☐ 10+	4,5	5

Count and check.

☐ Reading glasses only

SPECTACLES			ADD	VISUAL ACUITY		PINHOLE
	OD	-	x		20/	20/
	OS	-	x	cc / sc	20/	20/

OCULAR MEDS	%	OU	OD	OS	FREQUENCY	LAST DOSE
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		

REFRACTION ☐ Manifest ☐ Cycloplegic

OD	-	x	20 /
OS	-	x	20 /

PAST OCULAR HISTORY ☐ No surgery ☐ See summary dated:

CC

HPI

The patient acknowledges understanding of the information
That was presented to them

Barriers to learning. None Physical
Emotional Cognitive

HPI
__ Location
__ Quality
__ Severity
__ Duration
__ Modify factors
__ Context
__ Timing
__ Associated symptoms & signs

# HPI	Level New	Level Est
☐ 1	1,2	2,3
☐ 4+	3-5	4,5

Count and check.

HISTORY

PFSH	ROS	HPI	Type
-	-	1	☐ PF
-	1	1	☐ EPF
1	2	4+	☐ DET
2-3*	10+	4+	☐ COMP

**3 for New, 2 for Est.*

All three elements (PFSH, ROS, and HPI) must be met to qualify for a HISTORY Type. Check the appropriate box.

IOP OD
OS
Time:

☐ Tropicamide 1%
☐ Phenylephrine 2.5%
Time:

TAP NCT TPEN

PATIENT INFORMATION

EXAM *(describe pertinent positives and negatives)*

nl abn OD OS	OD OS	OD OS
☐ ☐ ☐ Confrontation VF	☐ ☐ ☐ Conjunctivae	☐ ☐ ☐ Optic nerves
☐ ☐ ☐ Motility & alignment	☐ ☐ ☐ Slit lamp: corneas	☐ ☐ ☐ Retinas
☐ ☐ ☐ Pupils & irides	☐ ☐ ☐ Slit lamp: AC	☐ ☐ Orientation
☐ ☐ ☐ Lids & adnexae	☐ ☐ ☐ Slit lamp: lens	☐ ☐ Mood & affect

# EXAM	Type	Level New	Level Est
1	☐ PF	1	2
6	☐ EPF	2	3
9	☐ DET	3	4
13+	☐ COMP	4,5	5

Count the # of EXAM elements and check the box. Vision and IOP count as one each.

ASSESSMENT:

DIAGNOSES ☐ see HPI

	1	2	3	4
1)	☐	☐	☐	☐
2)	☐	☐	☐	☐
3)	☐	☐	☐	☐
4)	☐	☐	☐	☐

1 = Minor or stable established
2 = Worsening established
3 = New, no further workup
4 = New, further workup planned
List the presenting problem as diagnosis 1)
Add the numbers from the check-boxes, and use the total to determine the "# diagnostic or management options" in the MDM table below.

PLAN:

PATIENT EDUCATION
☐ Discussed with patient, who understands
☐ Handout / brochure / video:

☐ Patient has read handout and understands
☐ Patient's pain was addressed
☐ Patient understands risks of driving while dilated

FU:

STAFF_____

Time (min):	FACE TIME New	Est	Con	Inpatient Init	F/U	Level
CCC =	10		15	20	10	1
	20	10	30	40	20	2
TT =	30	15	40	55	30	3
	45	25	50	80		4
	60	40	80	110		5

If counseling or coordination of care (CCC) accounts for >50% of total time (TT) spent with the patient, circle the time in the appropriate column.

# diagnostic or manage options	Data amount or complexity	Risk of complication or morbidity	MDM Type	New Est
Minimal (1)	Minimal	Minimal	☐ Straightforward	1,2
Limited (2)	Limited	Low	☐ Low complex	3
Multiple (3)	Moderate	Moderate	☐ Moderate complex	4
Extensive (4)	Extensive	High	☐ High complex	5

2 of 3 elements must be present to qualify for an MDM type.
Check the appropriate box.

MDM	New HIST	New EXAM	Est HIST	Est EXAM	Level
Straightforward	PF	PF			☐ 1
Straightforward	EPF	EPF	PF	PF	☐ 2
Low complex	DET	DET	EPF	EPF	☐ 3
Moderate complex	COMP	COMP	DET	DET	☐ 4
High complex	COMP	COMP	COMP	COMP	☐ 5

Established patients: two of three components (history, exam, and medical decision making) must meet or exceed the requirements for that level.
New patients or consults: all three components required.