ITIALS _____

] MAKE EXAM FOR SPOUSE ☐ NO

] MAKE EXAM FOR CHILDREN ☐ NO

] NEW ☐ EST ☐ CL

FULL COMPREHENSIVE EXAMINATION FORM

Rev. 11/20/2017

DATE: _____

VISION _____

MEDICAL _____

ATIENT NAME: _____ M / F AGE _____

C:	1	2	3	4	5	
ɔcation:						
nset:						
everity:						
odifiers:						

☐ NKDA ☐ KDA

M+A/Neuro: ☐ ORIENTED X 3

PUPILS: ☐ PERRLA (-) APD

EOM: ☐ SAFE ☐ JERKY

NPC: ☐ TTN ☐ _____

CVF: ☐ FULL OD _____

☐ FULL OS _____

CT: FAR ☐ Ortho ☐ XP ☐ EP

NEAR ☐ XP ☐ Ortho ☐ EP

Ext/Med Obs: ☐ NORMAL

PALN: ☐ Neg ☐ Pos

K's OD _____ / _____ X ☐ MCAR OU

OS _____ / _____ X ☐ IRREG MLD / MOD / SEV

REF	SPH	CYL	AXIS	ADD	DVA	
OD		-	X		20/	☐ NONE ☐ HAB
OS		-	X		20/	☐ Prev #7 ☐ #4
OD		-	X		20/	☐ HAB ☐ A/R
OS		-	X		20/	☐ #7 ☐ #4
OD		-	X		20/	☐ Delayed ☐ Wet #7
OS		-	X		20/	☐ #7 ☐ #4

☐ Final Rx	WD:			ADD	DVA	NVA / PH
OD		-	X		20/	20/
OS		-	X		20/	20/

☐ Computer	WD:			ADD	VA	
OD		-	X		20/	☐ TACT
OS		-	X		20/	☐ Over CL

☐	WD:			ADD	VA	
OD		-	X		20/	
OS		-	X		20/	

Other Testing:

LipiScan: ☐ Mild ☐ Mod ☐ Sev or ☐ Pt. Declined / ☐ Pt. Unable

D I L ☐ T 1% ☐ PE 2.5% ☐ Other ☐ OPTOMAP

OU / OD / OS @ _____ am/pm

☐ PT. DECLINED ☐ R/S @ F/U

I O P OD: ☐ Holding lids

GAT/NCT mmHg @ _____ am/pm

OS: ☐ Soft ☐ Pt. Unable

OD			OS
IRREG / NOTCH / CAPPED MG		L/L	CAPPED MG / NOTCH / IRREG
COLLERETTES / SCALES Gr. 1 2 3 4	☐ CL		Gr. 1 2 3 4 SCALES / COLLERETTES
FOLLI / PAPIL Gr. 1 2 3 4		CONJ (B / P)	Gr. 1 2 3 4 PAPIL / FOLLI
PING N / T HYPER Gr. 1 2 3 4	☐ CL		Gr. 1 2 3 4 HYPER PING N / T
SCAR PTR SPK Gr. 1 2 3 4			Gr. 1 2 3 4 SPK PTR SCAR
ARCUS NEO Gr. 1 2 3 4	☐ CL	CORNEA	Gr. 1 2 3 4 NEO ARCUS
DEBRIS FROTHY TBUT ___ s	☐ CL	TEAR FILM	☐ TBUT ___ s FROTHY DEBRIS
C / F	☐ CL	AC	☐ C / F
NO NVI	☐ CL	IRIS	☐ NO NVI
PCO IOL PSC CORT NSC	☐ CL	LENS	☐ NSC CORT PSC IOL PCO
Thin 0.___		C/D	0.___ Thin
DRUSEN TILT	☐ CL	DISC (Vert Size)	☐ TILT DRUSEN
NO NVD (L A S)			(S A L) NO NVD

☐ OPTOMAP

CELLS PVD	☐ CL	VIT	☐ PVD CELLS
HUMP / NICK .6 .5		A/V	.5 .6 NICK / HUMP
PIG Δ DRUSEN	☐ CL	MAC	☐ DRUSEN PIG Δ
NVE / HEMES / EXUDATES	☐ CL	B/G	☐ NVE / HEMES / EXUDATES
NO HOLES, TEARS, RD 360°	☐	PERI	☐ NO HOLES, TEARS, RD 360°

A ☐ Emm ☐ Myo ☐ Hyp ☐ Astig ☐ Presby	P ☐ SRx ☐ None Needed
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
☐ OPTOMAP - WNL OU / OD / OS	☐ OPTOMAP reviewed with patient
☐ MGD OU	☐ Refer for OSDE
FH: ☐ Glc ☐ ARMD	

I AM ORDERING THE FOLLOWING TESTS: ☐ RP ☐ VF 24-2/30-2 ☐ OCT-O ☐ VEP ☐ OCT-M ☐ ERGcsf ☐ GDx ☐ OptMp+ ☐ Serial TA ☐ PACH ☐ GONIO ☐ ERGcs

Pt.Ed: ☐ Adapt to Rx ☐ DE/MGD ☐ Lid Hygiene ☐ Sl/Sx of RD ☐ Visual Hygiene ☐ CL Wear/Hygiene/EW

Dr. directed F/U to RTC: ☐ dfe / optomap d wk mo AE to eval ☐ CL ☐ DE ☐ RE ☐ SRx/#7 ☐ VA/Amb ☐ HA/MIG ☐ IOP/ONH ☐ Mac Δs ☐ IE ☐ Cornea ☐ Bleph ☐ Ret.Scar ☐ Nevus ☐ FL/FOL ☐ CAT ☐ DM/DR

DR

Dr. has reviewed all elements & history.

COMPREHENSIVE HISTORY FORM

GENERAL HISTORY

DATE:____/____/____

Name: _____ Name you prefer to be called: _____

Date of Birth:____/____/____ Age: _____ Gender: M / F Occupation: _____

How you were referred to us? _____ Hobbies: _____

Date of last eye exam:____/____/____ Previous eye Doctor/Clinic: _____

MAIN REASON FOR YOUR VISIT TODAY?_____ Hours per day on computer, tablet, etc?_____

OCULAR HISTORY

Do you currently, or have you ever had any problems in the following areas:

- ☐ Blurred Vision (BV)
- ☐ Dry Eye (DE)
- ☐ Itchy Eyes (IE)
- ☐ Red Eyes (RE)
- ☐ Burning/Tearing (BT)
- ☐ Sensitivity to Sunlight (PS)
- ☐ Glare from lights at night (GN)
- ☐ Painful Eyes (PE)
- ☐ Floaters (FL)
- ☐ Flashes of Light (FOL)
- ☐ Double Vision (DV)
- ☐ Lazy Eye (LZ)
- ☐ Crossed "Turned" Eye (XE)
- ☐ Cataracts (CAT)
- ☐ Glaucoma (GLC)
- ☐ Macular Degeneration (ARMD)

Previous Eye Surgery: ☐ Yes ☐ No If Yes, explain: _____

Do you: Wear Contacts? ☐ Yes ☐ No If Yes, what type/brand? _____ Hours worn per day:_____

Replacement Schedule: ☐ Daily ☐ 2 wk ☐ 1 mon ☐ Other_____ Do you sleep in your contacts? ☐ Yes ☐ No

SOCIAL HISTORY

Do you currently use, or have you ever used:

Tobacco products? ☐ Y ☐ N If Yes, how much? _____

Drink alcohol? ☐ Y ☐ N If Yes, how much? _____

Are you considering laser corrective surgery? ☐ Yes ☐ No ☐ Maybe

MEDICAL HISTORY

Do you currently, or have you ever had any problems in the following areas:

Date of your last medical exam?____/____/____ Name of Physician: _____

Medication Allergies ☐ Y ☐ N If Yes, what kind? _____

Neurological

- Seizures ☐ Y ☐ N
- Epilepsy ☐ Y ☐ N
- Headache/Migraines ☐ Y ☐ N

**** If Headache/Migraines (HA/MIG):***

- How often: _____
- Location: _____
- Duration: _____
- Onset/Time of day: _____
- Severity: _____
- How you get relief: _____

Psychiatric

- Anxiety ☐ Y ☐ N
- Depression ☐ Y ☐ N
- Attention Deficit ☐ Y ☐ N

Respiratory

- Asthma ☐ Y ☐ N
- COPD ☐ Y ☐ N
- Sleep Apnea ☐ Y ☐ N

Cancer ☐ Y ☐ N

Endocrine

- Thyroid Disease ☐ Y ☐ N
- Diabetes Type I ☐ Y ☐ N
- Diabetes Type II ☐ Y ☐ N

**** If Diabetes:*** ☐ Insulin ☐ NO Insulin

What were your last Blood Sugar levels:

A1c _____ When: _____

BS _____ When: _____

Allergic/Immunologic

- Allergies/Hay Fever ☐ Y ☐ N
- Rheumatoid Arthritis ☐ Y ☐ N
- Sjogrens Syndrome ☐ Y ☐ N
- Lupus ☐ Y ☐ N
- MS ☐ Y ☐ N
- HIV ☐ Y ☐ N

Ear, Nose, Mouth

- Sinus Congestion ☐ Y ☐ N
- Dry Mouth/Throat ☐ Y ☐ N
- Chronic Cough ☐ Y ☐ N
- Hearing Loss ☐ Y ☐ N

Genitourinary

- Pregnant/Nursing ☐ Y ☐ N
- Kidney Disease ☐ Y ☐ N

Vascular/Cardiovascular

- High Blood Pressure ☐ Y ☐ N
- Heart Disease ☐ Y ☐ N
- Stroke ☐ Y ☐ N

Hematologic/Lymphatic

- High Cholesterol ☐ Y ☐ N
- Anemia ☐ Y ☐ N

Integumentary

- Rosacea ☐ Y ☐ N
- Eczema ☐ Y ☐ N
- Psoriasis ☐ Y ☐ N

Gastrointestinal

- Celiac Disease ☐ Y ☐ N
- Crohn's Diseae ☐ Y ☐ N

Musculoskeletal

- Ankylosing Spondylitis ☐ Y ☐ N
- Fibromyalgia ☐ Y ☐ N

If you answered Yes to any of the above, or have a condition not listed, please explain. Also, please list your medications.

FAMILY HISTORY

Check if anyone in your family has had any of the following; Please specify who and maternal (M) or paternal (P)

- ☐ Cataracts
- ☐ Retinal Problems
- ☐ Glaucoma
- ☐ Blindness
- ☐ Macular Degeneration
- ☐ Lazy Eye
- ☐ High Blood Pressure
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Arthritis
- ☐ Thyroid
- ☐ Neurological Disease

DILATION is a recommended procedure for most patients to help rule out certain eye diseases with the potential for partial or total loss of vision and without dilation they may go undetected. Most people experience an increased sensitivity to light and blurred vision at near especially reading for 3-4 hours and sometimes longer.

Being advised, I choose to have my eyes dilated: ☐ Yes ☐ No Dr's. Signature: _____

Dr. has reviewed all elements & history.

I have read, agree and answered the above to the best of my knowledge. I have answered correctly and truthfully.

Patient Signature: _____ Date:____/____/____

Rev 04/13/2017

Patient | DOB | DOS

Primary Ins | Secondary Ins

Doctor | Notes:

EXAM	NEW	EST
Comprehensive Exam	92004	92014
Intermediate Eye Exam	92002	92012
Refraction	92015	
E&M Level 4	99204	99214
E&M Level 3	99203	99213
E&M Level 2	99202	99212
S-Code, Routine Exam	S0620	S0621

POST-OP CO-MANAGE		
Cataract, regular basic	R L NC	66984
Cataract, reg complex	R L NC	66982
Cataract: ECP basic/cmplx	R L NC	66988 66987
YAG	R L NC	66821
LASIK	R L NC	PRIVATE PAY

DIAGNOSTIC TESTING	
Fundus Photos, medical	92250
Screening photos, routine	S9986
OCT, anterior	92132
OCT, optic nerve	92133
OCT, retina	92134
Visual Fields, limit	92081
Visual Fields, interm	92082
Visual Fields, extend	92083
Ext Ophthlmscpy: retina	92201
Ext Ophth: Opt nerv/macula	92202
Pachymetry	76514
Gonicpscopy	92020
Topography	92285

SURGERIES & PROCEDURES	
Foreign Body Conj, superficial R L	65205
Foreign Body Conj, embedded R L	65210
Foreign Body Cornea w/o SLE R L	65220
Foreign Body Cornea, w SLE R L	65222
Epilation, forceps R L	67820
Epilation other than forceps R L	67825
Punctal Plugs RU RL LU LL	68761
Bandage Contact R L	92071
Excision of Lid Lesion excpt chalzn	67840
Chalazion, single	67800
Chalazion, Multiple, one lid	67801
Chalazion, Multi, different lids	67805
Probing of Nasolacrimal duct	68810

CL FITTINGS			
CL Eval			92310
SPH SCL	NF	RF	92310
Toric SCL	NF	RF	92310
MF SPH	NF	RF	92310
MF Toric	NF	RF	92310
RGP SPH	NF	RF	92310
RGP Toric	NF	RF	92310
RGP MF	NF	RF	92310
Keratoconus fit, initial			92072
Specialty / Med Nec CL			92310

OTHER SERVICES	

ICD-10 DIAGNOSIS CODES

Refraction, Visual Disturb, Symptoms		
Hyperopia R L OU	H52.0_	R = 1 L = 2 OU=3
Myopia R L OU	H52.1_	
Astig, reg R L OU	H52.22_	
Astig, irreg R L OU	H52.21_	
Presbyopia	H52.4	
Anisometropia	H52.31	
Aniseikonia	H52.32	
Accom, Paresis R L OU	H52.52_	
Accom, Spasm R L OU	H52.53_	
Ambly, Depriv R L OU	H53.01	
Ambly, Ref R L OU	H53.02_	
Ambly, Strab R L OU	H53.03_	
Vis Discomfort R L OU	H53.14_	
VF Def scotoma cntrl R L OU	H53.41	
VF Def sco bld spt R L OU	H53.42	
VF Def sec/arc R L OU	H53.43_	
Ocular Pain	H57.1_	
Diplopia	H53.2	
Headache, unspec	R51	
Visual Disturb Subj	H53.19	
Exam w/o abnorm findings	Z01.00	
Exam w abnorm findings	Z01.01	

Strab, Binocularity, Eye Movements		
3rd Nerve Palsy R L OU	H49.0_	R = 1 L = 2 OU=3
4th Nerve Palsy R L OU	H49.1_	
6th Nerve Palsy R L OU	H49.2_	
Esophoria	H50.51	
Esotropia Alternating	H50.05	
Esotropia Inter Altern	H50.32	
Esotropia int mono R L	H50.31_	R = 1 L = 2
Esotropia mono R L	H50.01	
Exophoria	H50.52	
Exotropia Alternating	H50.15	
Exotropia Inter Alternating	H50.34	
Exotropia int mono R L	H50.33_	R = 1 L = 2
Exotropia mono R L	H50.11_	
Vertical Strab R L	H50.2_	
Convergence Insuff	H51.11	
Convergence Excess	H51.12	
Saccadic Deficiencies	H55.81	
Other Irreg Eye Movemt	H55.89	
Nystagmus congenital	H55.01	
Nystagmus other	H55.09	

Iris		
Iridocyclitis, primar R L OU	H20.01_	R=1 L=2 OU=3
Iridocyclitis, chroni R L OU	H20.1_	
Pigmt Disp Syndr R L OU	H21.23_	
Irregular Pupil R L OU	H21.56_	

Lids and Lacrimal		
Blepharitis Squamous RU RL LU LL	H01.02_	R = A L = B
Blepharitis Ulcerative RU RL LU LL	H01.01_	
Allergic Dermitis Lid RU RL LU LL	H01.11_	RU=1 RL=2 LU=4 LL=5
Abscess of Eye Lid RU RL LU LL	H00.03_	
Blepharochalasis, Pseuc RU RL LU LL	H02.3_	
Chalazion RU RL LU LL	H00.1_	
Dermatochalasis RU RL LU LL	H02.83_	
Entropian RU RL LU LL	H02.02_	
Ectropion RU RL LU LL	H02.13_	
Hordeolum externum RU RL LU LL	H00.01_	
Hordeolum internum RU RL LU LL	H00.02_	
Trichiasis (no entrop) RU RL LU LL	H02.05	
Ptosis Mechanical R L OU	H02.41_	R = 1 L=2 OU=3
Ptosis Myogenic R L OU	H02.42_	
Ptosis Paralytic R L OU	H02.43_	
Dry Eye Syndrome R L OU	H04.12_	
Epiphora, excess lacrim R L OU	H04.21_	
Epiphora, insuf drainage R L OU	H04.22_	
NLDO Epiphora R L OU	H04.22_	

Glaucoma			
Suspect Glaucoma			
Preglaucoma, unspecified R L OU	H40.00_	R=1 L=2 OU=3	1 Mild 2 Mod 3 Sev 4 Unkn
Open angle brdrln low risk R L OU	H40.01_		
Open angle brdrln high risk R L OU	H40.02_		
Anatomical narrow angle R L OU	H40.03_		
Ocular hypertension R L OU	H40.05_		
Open Angle			
Primary open angle R L OU	H40.11_		
Low tension R L OU	H40.12_		
Pigmentary R L OU	H40.13_		
Capsular w pseudo of lens R L OU	H40.14_		
Primary Angle-Closure			
Acute angle-closure R L OU	H40.21_		
Intermittent angle-closure R L OU	H04.23_		
Residual stage angl-closur R L OU	H40.24_		
Chronic angle-closure R L OU	H40.22_		
Secondary Glaucoma			
To eye inflammation R L OU	H40.4_X_		
To other eye disorders R L OU	H40.5_X_		
To drugs R L OU	H40.6_X_		
Other: Incrsd episderal venous pres	H40.81_		
Hypersecretion H40.82_ Aqueous	H40.83_		

Injury			
Burns, Cornea & Conjunct R L	T26.1_X_	R=1 L=2	A=Init D=Sub S=Seq
Corneal Abrasion R L	S05.0_X_		
Contusion of the Eyeball R L	S05.1_X_		
Foreign Body, Conjunctiva R L	T15.1_X_		
Foreign Body, Corneal R L	T15.0_X_		

Conjunctiva		
Episcleritis period fugx R L OU	H15.11_	R = 1 L = 2 OU=3
Episcleritis Nodular R L OU	H15.12_	
Subconj Heme R L OU	H11.3_	
Pinguecula R L OU	H11.15_	
Pinguecultis R L OU	H10.81_	

Conjuctivitis		
Chronic Allergic	H10.45	
Acute Allergic R L OU	H10.1_	R = 1 L = 2 OU=3
Chronic Giant Papill R L OU	H10.41_	
Other Mucopurulent R L OU	H10.02_	
Serous, not viral R L OU	H10.23_	
EKC	B30.0	
Viral, 2° adenovirus	B30.1	

Vitreous		
Floaters R L OU	H43.39_	R=1 L=2 OU=3
Degeneration R L OU	H43.81_	
Vit Hemorrhage R L OU	H43.1_	

Lens		
Pseudohakia	Z96.1	
Aphakia R L OU	H27.0_	

Cataract		
Cortical R L OU	H25.01_	R=1 L=2 OU=3
ASC R L OU	H25.03_	
PSC R L OU	H25.04_	
Nuclear R L OU	H25.1_	
Combined R L OU	H25.81_	
Infantile/Juvenile Nuc R L OU	H26.03_	
After Cat Sx (PCO) R L OU	H26.49_	
Congenital Cataract	Q12.0	

Optic Nerve		
AION, NAION R L OU	H47.01_	R=1 L=2 OU=3
Drusen, Optic Disc R L OU	H47.32_	
Glc Atrophy R L OU	H47.23_	
Papilitis R L OU	H46.0_	
Papilledema from ret disorder	H47.13	

Diabetic Retinopathy			
Type 1 Nonprolif, Mild	E10.32_	R L OU R=1 L=2 OU=3	1=With Macular Edema 9=Without Macular Edema
Type 2 Nonprolif, Mild	E11.32_		
Type 1 Nonprolif, Moder	E10.33_		
Type 2 Nonprolif, Moder	E11.33_		
Type 1 Nonprolif, Severe	E10.34_		
Type 2 Nonprolif, Severe	E11.34_		
Type 1 Proliferative	E10.35_		
Type 2 Proliferative	E11.35_		

Miscellaneous	
Type 1 Diabetes w/o complications	E10.9
Type 2 Diabetes w/o complications	E11.9
Hypertension	I10
High Cholesterol	E78.0
Other Long-Term Drug Use	Z79.899

Cornea			
Abrasion, FB, Contusions, Burns--See Injury			
Arcus senilis R L OU	H18.41_	R=1 L=2 OU=3	
Edema/Contact Lens R L OU	H18.21_		
Edema, Idiopathic R L OU	H18.22		
Edema, Corneal 2° R L OU	H18.23_		
Endo Corneal Dystrophy	H18.51		
Keratitis: Dendritic, H Simplx	B00.52		
Keratitis: Exposure R L OU	H16.21_	R=1 L=2 OU=3	
Keratitis: Filamentry R L OU	H16.12_		
Keratitis: Punctate R L OU	H16.14_		
Keratoconj Sicca R L OU	H16.22_		
Keratoconus stable R L OU	H18.61_		
Keratoconus unstbl R L OU	H18.62_		
Keratopathy, Band R L OU	H18.42_		
Neovascularzatn, local R L OU	H16.43_		
Pannus, Corneal R L OU	H16.42_		
Pterg Periph Stabnry R L OU	H11.04_		
Recurrent Erosion R L OU	H18.83_		
Scar, Central R L OU	H17.1_		
Scar, Minor R L OU	H17.81_		
Scar, Peripheral R L OU	H17.82		
Ulcer, Central R L OU	H16.01_		
Ulcer, Marginal R L OU	H16.04_		
Other hereditary dystrophies, eg Map Dot	H18.59		

Retina			
ARMD Nonexudative R L OU	H35.31_**	R=1 L=2 OU=3	
**1 Early 2 Inter 3 Adv atroph w/o subfov 4 w/ subfov			
ARMD Exudative R L OU	H35.32_**		
**1 Activ chor neovasc 2 Inact chor neovasc 3 Disc scar			
Ret Edema/CWS	H35.81		
Chorioretinal scar R L OU	H31.09	R=1 L=2 OU=3	
Cystd Macr Edema R L OU	H59.03_		
Detachment, Ret R L OU	H33.0**		
**1=Rhegmatogenous 2=Tractional 3=Exudative 5=Total			
Hemorrhage, Ret R L OU	H35.6_		
Hypertensive Ret R L OU	H35.03_		
Macular Drusen R L OU	H35.36_		
Macular Puckering R L OU	H35.37_		
Nevus, Choroidal R L	D31.3_		
BRAO R L OU	H34.23_		
BRVO R L OU	H34.83_**		
** 0 w/ macular edema 1 w/ retinal neovasc 2 stable			
CRAO R L OU	H34.1_		
CRVO R L OU	H34.81_**		
** 0 w/ macular edema 1 w/ retinal neovasc 2 stable			
Hollenhorst's Plaque R L OU	H34.21_		
Pavingstone R L OU	H35.43_		
Lattice Degeneration R L OU	H35.41_		
Tears w/o detach R L OU	H33.3**_		
** 1=Horseshoe 2=Round Hole 3=Multiple			

Other Diagnosis:

Schedule Follow Up:

pre diabetes R73 03

Medical Information Release Form

(HIPAA Release Form)

Name: _____ Date of Birth: _____/____/_____

Release of Information

[ ] I authorize the release of information including the diagnosis, records;

examination rendered to me and claims information. This information may be released

to:

[ ] Spouse_____

[ ] Child(ren)_____

[ ] Other_____

[ ] Information is not to be released to anyone.

This Release of Information will remain in effect until terminated by me in writing.

Messages

Please call [ ] my home [ ] my work [ ] my cell Number:_____

If unable to reach me:

[ ] you may leave a detailed message

[ ] please leave a message asking me to return your call

[ ] _____

The best time to reach me is (day)_____ between (time)_____

Signed: _____ Date: ____/____/_____

Witness:_____ Date: ___/____/_____