

Name: _____

Reason for further eval: _____

EXAM DATE: _____

- Glaucoma Suspect Open Angle Glaucoma Other:

His.Pres.III.

ROS: for pos. "otherwise all others neg."

Symptoms/Disease:

Location:

Quality:

Severity:

Onset:

When occur:

Associated with:

What makes better/worse:

Allergies: See Med Hx New:

Med Allergies: See Med Hx New:

Meds: See Med Hx New:

Ocular ROS: See Med Hx New:

Medical Hx & ROS from ___/___/___ reviewed

- No Changes Changes
OD Initials _____

Current Glaucoma Hx and Treatments:

VA	OD	D	PH	N
	OS	20/		20/
	OU	20/		20/
	CS/CC/CCL	OU	20/	20/

EOMS SAFE other _____ Pupils: PERRLA no afferent defect Size OD _____mm OS _____mm

Gross Visual Fields OD full 6 pos other _____ OS full 6 pos other _____

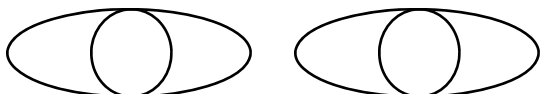
Tensions: (NCT) (Appl) OD _____mmHg OS _____mmHg @ _____am/pm

SLIT LAMP EXAM

OD

OS

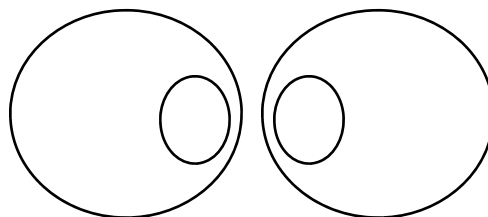
Clear	Injection	—BULBAR CONJ—			Clear	Injection
Clear	Foll/Pap	—PALP CONJ—			Clear	Foll/Pap
Clear	SPK	—CORNEA EPITH—			Clear	SPK
Clear	Other	—CORNEA STROMA/ENDO—			Clear	Other
1:	No cell/flare —ANT CHAMBER—			1:	No cell/flare	
Flat	Transill defect — IRIS—			Flat	Transill defect	
Clear	NSC	Cort	PSC	—LENS—	Clear	NSC Cort PSC



INTERNAL

OS

- Direct
 BIO
 Dilated
 Paremyd
 1% Trop
 .5% Trop
 2.5% Phenyl
 1% Cyclo
 RevEyes



- 20D
 2.2
 78D
 90D
 30D
 3 Mir

DFE: education given on importance and risks for dilated exam.

Clear	PVD	FLTR	—MEDIA—	Clear	PVD	FLTR
RD	VERT	HOR	—C/D—	RD	VERT	HOR
Distinct	—MARGINS—			Distinct	Diffuse	
Pink	—DISC PALLOR—			Pink	Pale	

Notes:

Medical Imp:

Probable/Rule out

Worse/Stable/Improving

Plan: RTO 1wk/2wk/1mo/3mo/6mo/1yr/Other _____

Education:

Tests Ordered: IOP/Fields/Photos/Gonio/Pach/Laser Scan

Sig:

365.01 Glaucoma Suspect 365.02 Anatomical Narrow Angle

365.11 Primary Open-Angle Glaucoma _____

99201 99202 99203 99211 99212 **99213** 99214