SCOTT&WHITE
OUTPATIENT NOTES

CORNEA OPHTHALMOLOGY

DATE: _____

AGE: _____ INITIAL / LAST VISIT: _____ Dr. _____

REQUESTING PHYSICIAN: _____

Patient Identification

PAST OCULAR HISTORY: None ( )

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

CHIEF COMPLAINT: _____

HPI: _____

_____

_____

_____

HPI: Location, Quality, Severity, Duration, Timing, Context, Modifying Factors, Associated Signs & Symptoms

PAST MEDICAL HISTORY: None ( ) HTN ( ) DM ( ) Years____

_____

_____

_____

MEDICATIONS: None ( ) _____

_____

_____

☐ **Medications reconciled** _____

ALLERGIES: None ( ) _____

_____

EYE MEDICATIONS: None ( ) _____

_____

_____

_____

_____

☐ **Medications reconciled** _____

FAMILY HISTORY: _____

SOCIAL HISTORY: Tobacco? (Y N) Alcohol? (Y N) Occupation? _____

REVIEW OF SYSTEMS: All Negative ( )

	No	Yes	If Yes, please explain:
Chronic fever, unexpected weight loss/gain, fatigue?	☐	☐	
Ear/nose/throat problems (e.g., hearing loss, sinus problems, sore throat)	☐	☐	
Heart problems (e.g., chest pain, irregular heart beat)	☐	☐	
Respiratory problems (e.g., shortness of breath, wheezing, coughing)	☐	☐	
Gastrointestinal problems (e.g., heartburn, abdominal pain, diarrhea, nausea)	☐	☐	
Urinary problems (e.g., pain or discomfort, blood in urine)	☐	☐	
Skin problems (e.g., rashes, ulcers)	☐	☐	
Musculoskeletal problems (e.g., muscle aches, joint pain, swollen joints)	☐	☐	
Neurologic problems (e.g., numbness, weakness, new headaches, imbalance)	☐	☐	
Psychiatric problems (e.g., depression, new anxiety)	☐	☐	
Hematologic/lymphatic problems (e.g., free bleeder, lymph node swelling)	☐	☐	

Abbreviations: Auto R = Automated Refraction; HPI = History of Present Illness; MR = Manifest Refraction; Rx = Prescription; TA = Tension Applanation; Tono = Tonopen

VISION					CURRENT GLASSES			Age _____
EYE	Without Correction	With Correction	Pin Hole	Near	☐ Bifocal	☐ Trifocal	☐ Progressive	Prism
OD								
OS								

MR or Auto R	OD	_____	_____	_____	=	_____	[+	] =	_____	@ _____
	OS	_____	_____	_____	=	_____	[+	] =	_____	@ _____

TA OD: Tono OS: Time: _____	2-1/2% NeoSyn 1% Mydriacyl 1% Cyclogel Time: _____	Patient Informed that dilation may affect ability to drive ❑ Yes ❑ No	Rx _____ Add _____

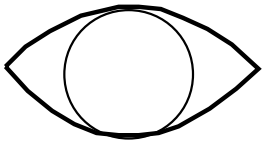
SCOTT&WHITE OUTPATIENT NOTES

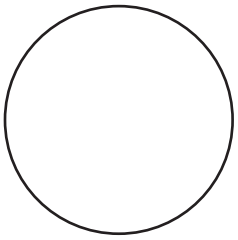
CORNEA OPHTHALMOLOGY

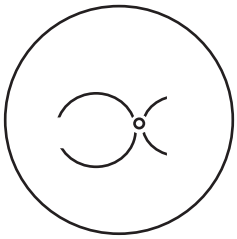
	NL	ABN
Oriented to person, place, time		
Mood and affect appropriate		

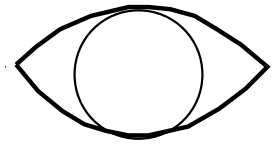
	OD	OS
PAM		
BAT (medium)		

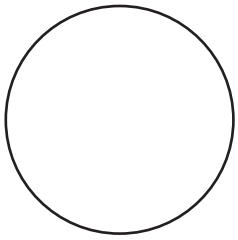
Patient Identification

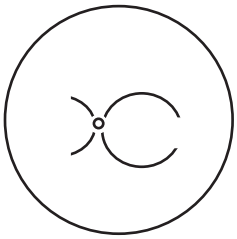












OD ABN	OD NL			OS NL	OS ABN
		EXTERNAL	Gonioscopy		
			Confront. Fields		
			Humphrey Fields		
			Amsler Grid		
			Motility		
			Alignment		
			Pupil shape		
			Pupil size		
			Pupil reaction		
			Orbits		
			Lids		
			Lacrimal glands		
			Drainage		
			Lashes		
			Nodes		
		SLIT LAMP	Conj. bulbar		
			Conj. palpebral		
			Sclera		
			Cornea epi		
			Cornea stroma		
			Cornea endo		
			Tear film		
			AC depth		
			AC cells		
			AC flare		
			Iris		
			Lens capsule		
			Lens cortex		
			Lens nucleus		
AC	PC		Intraocular Lens	AC	PC
		FUNDI	Disc Size		
			Cup/Disc ratio		
		INDIRECT	Macula		
		DIRECT	Vessels		
		90D / 78D	Peripheral Retina		
		360° SD	Vitreous		

IMPRESSION/DIAGNOSES:

PLAN:

☐ MEDICATION RECONCILED BY PHYSICIAN _____
☐ GLASSES Rx. GIVEN
☐ ADDITIONAL DICTATION FOLLOWS
☐ SEND COPY TO PRIMARY CARE PHYSICIAN

SCRIBE: _____

EXAMINER: _____

Abbreviations:
ABN = Abnormal
AC = Anterior Chamber
BAT = Brightness Acuity Test
Confront. = Confrontation
Conj. = Conjuctiva
endo = endothelium
epi = epithelium
NL = Normal
PC = Posterior Chamber
PAM = Potential Acuity Meter
Rx. = Prescription
360° SD = 360° scleral depression