CC _____ Reason for visit _____

HPI

Loc _____ Quality _____ Severity _____ Duration _____

Timing _____ Context _____

Modifying factors _____ Associated symptoms _____

ROS

- ☐ Constitutional
- ☐ Eyes
- ☐ Ears, nose, throat
- ☐ Cardiovascular
- ☐ Respiratory
- ☐ Gastrointestinal
- ☐ Genitorurinary
- ☐ Integumentary
- ☐ Musculoskeletal
- ☐ Neurological
- ☐ Psychiatric
- ☐ Hematologic/lymphatic
- ☐ Allergic/immunologic
- ☐ Endocrine
- ☐ Others
- ☐ All others within normal limits

FHx

Tobacco _____ Drugs _____ Alc _____

PMSHx

Systemic meds

POH OD

POH OS

Ocular meds

VA SC _____ CC _____ PH _____ Near _____

VFs OS OD

EOMS

Pupils

Align

PC

	sphere	cyl	axis		
			x	Add	
			x	Add	
Rx given			x	Add	
			x	Add	

MRx

sphere	cyl	axis
		x
		x

CRx

		x
		x

Today's physician **Kevin Cranmer, MD** Allergies

Age _____ Gender _____

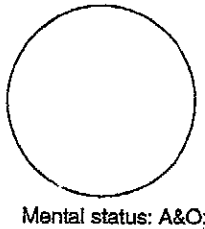
Med record # _____ First name _____ Last name _____ DOB _____ Type of encounter _____ Encounter date _____

	Lids adnexa	
	Conj	
	Cornea	
	Tear film	
	Ant Chamber	
	Iris	
	Lens	
	Vitreous	
	Nerve	
	Macula	
	Vessels	
	Periphery	

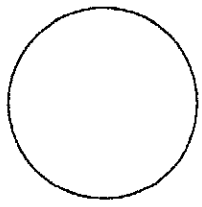
T _____mmHg

A/TP_____MMHg

Cornea OD

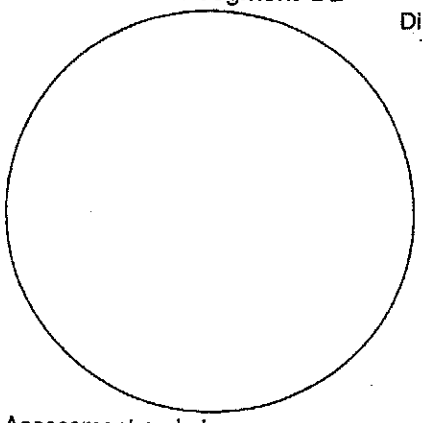


Cornea OS



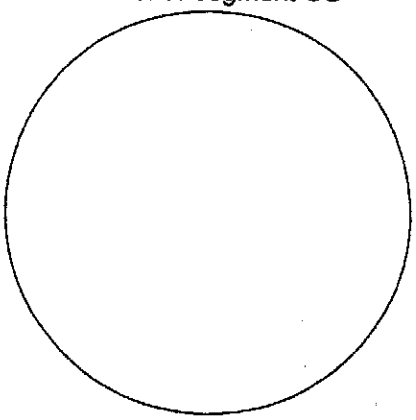
Mental status: A&Ox3, mood and affect appropriate, or other if written:

Posterior segment OD



Dilated:
Time:

Posterior segment OS



Optic nerve OD

Optic nerve OS

Assessment and plan:

Meds prescribed:

Counseling

Technician instructions for next visit:

Physician signature: _____

Schedule next visit in: _____

Today's physician **Kevin Cranmer, MD**

Allergies

Age

Gender

Med record # | **First name** | **Last name** | **DOB** | **Type of encounter** | **Encounter date**