

1. Chart Sample Identification

Please use this link for each of the charts you will be evaluating (3 for each provider).

* 1. What is your full name?

* 2. What is the full name of the provider you are evaluating?

* 3. What is the assigned number of the chart you are evaluating? (1, 2, 3)

* 4. Is all personally identifying information (Name, DOB, phone #, account #, etc etc) blocked out or removed from this chart sample?

Yes

No

2. History

* 5. Demographics: Were relevant demographic details documented for this chart? For example, including race or sex when relevant to the patient's clinical signs. (If not needed for the particular chart you are assessing, please select "yes".)

Yes

No

* 6. Case History: Was there a case history with sufficient detail to direct a low vision exam?

Yes

No

* 7. Ocular Health: Was an ocular health history documented, including documentation of other ongoing eye care?

Yes

No

* 8. Was any relevant medical history recorded?

Yes

No

No medical history was needed for this exam

* 9. Social History: Was social and/or educational history pertinent to vision needs documented?

Yes

No

No significant social history was needed for this exam.

3. Elements of Exam

* 10. Check off if the following elements were completed in the exam.

	Yes	No
Visual acuity with current correction recorded (Pinhole if necessary)	<input type="radio"/>	<input type="radio"/>
Near vision evaluation (or Teller acuties)	<input type="radio"/>	
Contrast sensitivity or Happy Test	<input type="radio"/>	<input type="radio"/>
Refraction and/or retinoscopy with acuity recorded (or documentation why could not be completed)	<input type="radio"/>	<input type="radio"/>
Motility and alignment recorded	<input type="radio"/>	<input type="radio"/>
Pupil findings recorded	<input type="radio"/>	<input type="radio"/>
Visual Field assessment recorded	<input type="radio"/>	<input type="radio"/>
Ocular health assessment with biomicroscopy, ophthalmoscope, etc. or reason for not examining documented	<input type="radio"/>	<input type="radio"/>

11. Please list any comments specific to the items in Question 9.

4. Compliance

* 12. Is it clear that the provider performed the following?

	Yes	No
Chief complaint	<input type="radio"/>	<input type="radio"/>
EOMs assessment	<input type="radio"/>	<input type="radio"/>
Pupil assessment	<input type="radio"/>	<input type="radio"/>
Visual Field assessment	<input type="radio"/>	<input type="radio"/>
Ocular Health assessment	<input type="radio"/>	<input type="radio"/>

* 13. Is it clear that the provider developed the assessment and plan?

- Yes
 No

* 14. Is the chief complaint addressed in the assessment and plan?

- Yes
 No

* 15. Were all relevant findings appropriately included in the assessment and plan?

- Yes
 No

* 16. Was a plan (further evaluation, management, treatment) recorded for each diagnosis?

- Yes
 No

* 17. Was the follow-up period noted (even if it's 12 months or 2 years)?

- Yes
 No

18. Was the amount of time spent with the patient documented?

- Yes
 No

19. Was the amount of time spent with the patient appropriate?

Yes

No

20. Was patient education described and documented appropriately?

Yes

No

21. Please comment here if there is anything you wish to comment on for this specific chart.