



# UPMC Department of Ophthalmology New Patient Record

Attach Sticker or  
MR #

Referring Physician

PCP

Name

Date

Consult

Letter Dictated

Letter Sent

CC/HPI (location,quality,severity,timing,context,modifying factors, assoc signs + symptoms)

Tech Initials

HPI	New Pt	
	Level	Level
Brief (1-3)	1,2	2,3
Ext (4+)	3,4,5	4,5

Physician HPI

Initials

Past Ocular History  
OD

OS

Eye Medications: name/dose	eye/route	schedule	Systemic Medications	Allergies/Intolerances/Ineffective

Past Medical History

Diabetes \_\_\_\_\_ yrs    Insulin \_\_\_\_\_ yrs    Hypertension \_\_\_\_\_ yrs    Hypotension \_\_\_\_\_    CVA/TIA \_\_\_\_\_  
 CAD/MI \_\_\_\_\_    COPD/asthma \_\_\_\_\_    Autoimmune \_\_\_\_\_    Cancer \_\_\_\_\_    Blood Transfusion \_\_\_\_\_

ROS	New Pt	
	Level	Level
None	1	2
1	2	3
2-9	3	4
10+	4,5	5

+/- Review of Systems

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Constitutional (fever, wt loss/gain, fatigue)   | <input type="checkbox"/> Neurological (paresis,numbness, headache,migraine)                          | <input type="checkbox"/> ENT/mouth/dental (ulcers, infections, deafness)             |
| <input type="checkbox"/> Musculoskeletal(weakness, arthralgias)          | <input type="checkbox"/> Endocrine (diabetic/thyroid)  | <input type="checkbox"/> Gastrointestinal (diarrhea, constipation)                   |
| <input type="checkbox"/> Respiratory (cough,SOB)                         | <input type="checkbox"/> Hematologic (anemia, bleeding problems)                                     | <input type="checkbox"/> Cardiovascular (palpitations, angina, CHF,cold extremities) |
| <input type="checkbox"/> Genitourinary (frequency, urgency,renal stones) | <input type="checkbox"/> Psychiatric (depression, anxiety)   |  |
| <input type="checkbox"/> Integumentary (rashes, lesions)                 | <input type="checkbox"/> Allergic/Immunologic (autoimmune disease, arthritis,immune def,steroid use) |  |

Family History

ARM  Retinal Detachment  Glaucoma  Strabismus  Unexplained Blindness  
 Diabetes  Birth Defects  HTN  Heart Disease  Arthritis

Social History

Smoking \_\_\_\_\_ Alcohol \_\_\_\_\_ Occupation \_\_\_\_\_ Other \_\_\_\_\_

V OD ph  
 (cc, sc) OS ph

J OD  
 OS

PA OD  
 OS

P OD  
 OS

Time: OD  
 T OS  
 A  
 T

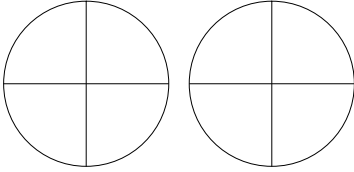
RAPD OD / OS

W OD  
 OS

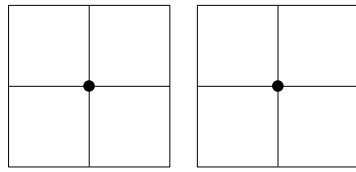
M OD  
 OS

OD  
 OS

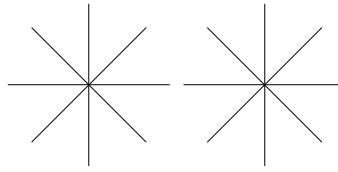
Conf VF full OU



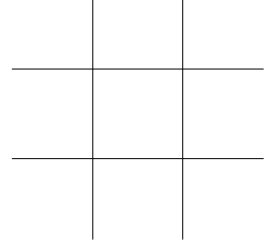
Amsler wnl OU



EOM full



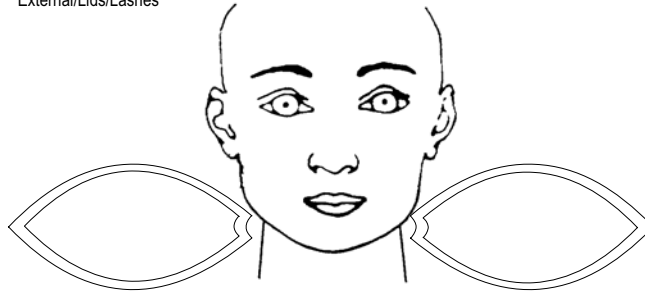
Ortho



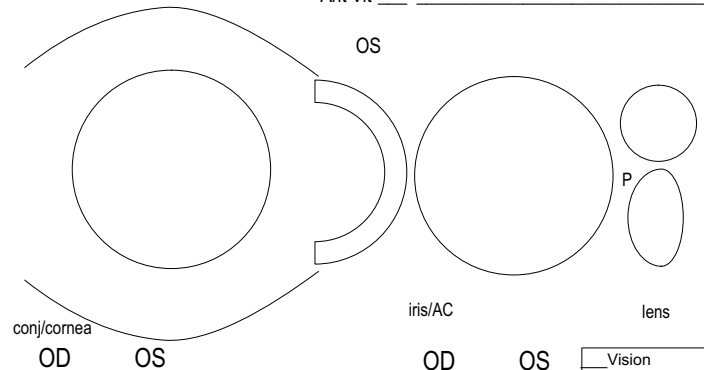
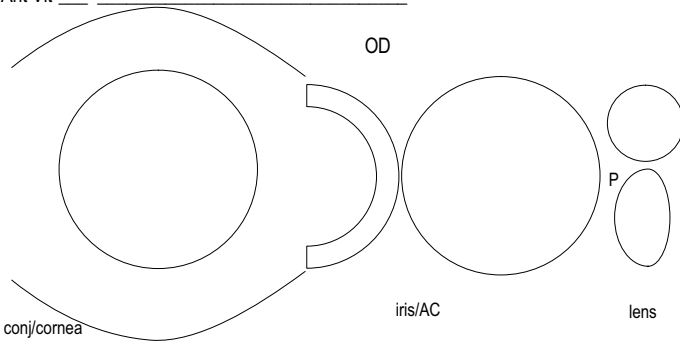
Color Plates OD OS Exophthalmometry OD OS Base

nl  
 Extrl \_\_\_\_\_  
 L/L \_\_\_\_\_  
 conj \_\_\_\_\_  
 K \_\_\_\_\_  
 AC \_\_\_\_\_  
 Iris \_\_\_\_\_  
 Lens \_\_\_\_\_  
 Ant Vit \_\_\_\_\_

External/Lids/Lashes



nl  
 Extrl \_\_\_\_\_  
 L/L \_\_\_\_\_  
 conj \_\_\_\_\_  
 K \_\_\_\_\_  
 AC \_\_\_\_\_  
 Iris \_\_\_\_\_  
 Lens \_\_\_\_\_  
 Ant Vit \_\_\_\_\_

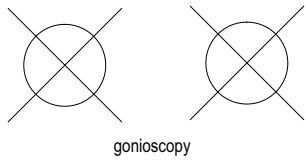


Post dilation

OD  
 T OS  
 A  
 T

MRD  
 Lid Fissure  
 Lev Fx

TBUT  
 K Sensn  
 Schirmer with  
 without



gonioscopy

_____	Vision	
_____	VF	
_____	EOM	
_____	Conj	
_____	Adnexa	
_____	Pupils/Irides	
_____	Cornea	
_____	AC	
_____	Lens	
_____	IOP	
_____	Optic Disc	
_____	Post Seg	
_____	Orientation	
_____	Mood	
	New Pt	
Exam	Level	Est Pt
1-5	1	2
6	2	3
9	3	4
14	4,5	5

