

PATIENT NAME _____ CHART NUMBER _____ DATE _____

AGE _____ SEX M/F _____ HISTORY _____

MEDS: _____

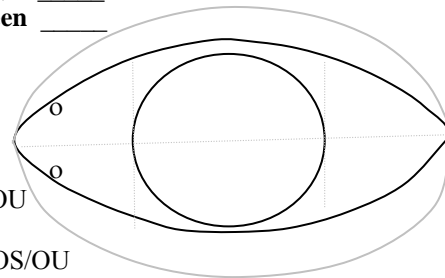
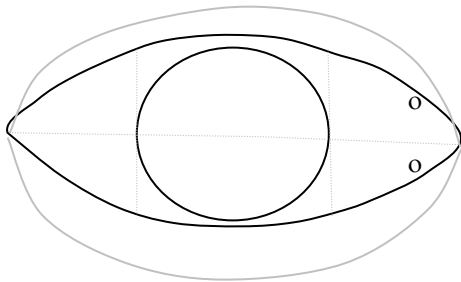
Condition	Great Improvement	Mild Improvement	No Change	Mildly Worse	Significantly Worse
Sandy/Grittiness	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Foreign Body Sensation	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Fluctuating Vision	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Blurred Vision	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tearing/watering	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Burning	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Tired/sore eyes	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Light sensitivity	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Itching	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Red/Puffy Eyes	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Discharge	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Difficulty opening eyes in the morning	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Artificial Tears	_____ Frequency _____				
	_____ Frequency _____				

EXAMINATION

LIDS Apposition:	Ectropion _____	Entropion _____
Closure:	Complete OD/OS/ OU	Incomplete OD/OS/OU
Blink:	Blink/Minute _____	
Superior Lid Margin:	0 1 2 3	Collarettes 0 1 2 3
	0 1 2 3	Seborrhea 0 1 2 3
Superior Palpebral Conjunctiva	0 1 2 3	Hyperemia 0 1 2 3
	0 1 2 3	Follicles 0 1 2 3
Inferior Palpebral Conjunctiva	0 1 2 3	Hyperemia 0 1 2 3
	0 1 2 3	Follicles 0 1 2 3
Inferior Lid Margin:	0 1 2 3	Collarettes 0 1 2 3
	0 1 2 3	Seborrhea 0 1 2 3

OCULAR SURFACE SCORE

Interpalpebral Bulbar Conjunctiva	0 1 2 3	Injection	0 1 2 3
Ocular Surface Score	_____	Bio Glo(NAFL)	_____
	_____	Lissamine Green	_____



PLUG
 Present OD/OS/OU _____
 Lost OD/OS/OU _____
 Protruding OD/OS/OU _____
 Inset OD/OS/OU _____

AQUEOUS

_____ **Schirmer** _____
 _____ **TBUT/TTT** _____
 0 0.5 1 **Subjective Volume** 0 0.5 1

MEIBOMIAN GLANDS

OSC	Orifice	OSC
_____ %	Atrophy	_____ %
0 1 2 3	Secretion	0 1 2 3
0 1 2 3	Volume	0 1 2 3
0 1 2 3	Congestion	0 1 2 3

Diagnosis

Lid/ Lashes Condition	
Entropion	374.01
Ectropion	374.10
Lagophthalmos	374.20
Incomplete Blink	
Bacterial Blepharitis	373.00
Seborrheic Blepharitis	
Mixed Blepharitis	
Meibomian Gland Disorder	
Meibomian Gland Deficiency	
Meibomianitis	
Meibomian Gland Infection	373.12
Meibomian Seborrhea	
Aqueous Disorder	
Dacryoadenitis	375.00
Aqueous Insufficiency	375.15
Surface Epithelium	
Superficial Punctate Keratitis	375.21
Keratoconjunctivitis (nonSjogrens)	370.33
Hyperemic Conjunctiva	373.71

EBMD	371.50
Medicamentosa	
Filamentary Keratitis	370.23
Acute Follicular Conjunctivitis	372.02
Chronic Follicular Conjunctivitis	372.12
Recurrent Erosion	371.42
Outflow Disorder	
Punctal Eversion	375.51
Punctal Stenosis	375.52
Canaliculus	375.41
Dacryocystitis	375.30
Epiphora, Excess Lacrimation	375.21
Epiphora, Insufficient Drainage	375.22
Miscellaneous	
Pain Around Eye	379.91
Eye Redness	379.92
Itchy Eye	379.99
Sjogrens Syndrome	695.3
Ocular Rosacea	695.3

Treatment

- | | | | | | | | |
|---|--|-----------------------------------|-----------------------|--|-----------------------|------------------------------------|--------------------|
| <input type="checkbox"/> Hot Compresses & Massage
<input type="checkbox"/> Cold Compresses
<input type="checkbox"/> Lid Scrubs/Baby Shampoo
<input type="checkbox"/> Art. Tears _____ q ___ h OD/OS/OU
<input type="checkbox"/> Antibiotic _____ q ___ h OD/OS/OU
<input type="checkbox"/> Antihistamine _____ q ___ h OD/OS/OU
<input type="checkbox"/> Steroid _____ q ___ h OD/OS/OU | <input type="checkbox"/> Occlusion LUL/LLL/RUL/RLL <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Collagen</td> <td style="text-align: right;">0.2 / 0.3 / 0.4 / 0.5</td> </tr> <tr> <td><input type="checkbox"/> Extended Duration</td> <td style="text-align: right;">0.2 / 0.3 / 0.4 / 0.5</td> </tr> <tr> <td><input type="checkbox"/> Permanent</td> <td style="text-align: right;">Small/Medium/Large</td> </tr> </table> <input type="checkbox"/> Punctal Dilatation LUL/LLL/RUL/RLL
<input type="checkbox"/> Irrigation LUL/LLL/RUL/RLL
<input type="checkbox"/> Plug Removal LUL/LLL/RUL/RLL | <input type="checkbox"/> Collagen | 0.2 / 0.3 / 0.4 / 0.5 | <input type="checkbox"/> Extended Duration | 0.2 / 0.3 / 0.4 / 0.5 | <input type="checkbox"/> Permanent | Small/Medium/Large |
| <input type="checkbox"/> Collagen | 0.2 / 0.3 / 0.4 / 0.5 | | | | | | |
| <input type="checkbox"/> Extended Duration | 0.2 / 0.3 / 0.4 / 0.5 | | | | | | |
| <input type="checkbox"/> Permanent | Small/Medium/Large | | | | | | |

Complications: _____

Adverse Events _____

Subsequent Treatment: _____

RTC
 _____ Days _____ Weeks _____ Months Other _____

_____ O.D/M.D



Explanation of the Clinic Form

The first section is a condensed history form created to track how the patient is doing symptomatically compared to the original dry eye questionnaire. This section is divided to provide answers for both the left and right eye. It also provides a way to quickly review the subjective status of your patient.

The examination section is divided by ocular components. It is also presented in a logical format to prevent one test from negatively affecting the results of any other test. It is suggested that you follow this general format to determine the best results. In general, the full examination should take the experienced clinician no greater than 10 minutes to complete.

LIDS

- Apposition refers to the relationship of the eyelid to the ocular surface from both the perspective of the punctum and the meibomian gland orifices.
- Closure refers to the presence of complete closure of the eyelid during relaxed eyelid closure. This test is evaluating for potential exposure problems.
- Similarly, the average blink rate/ minute should be evaluated. The normal findings are 12 times per minute. A blink rate greater than 12 times per minute may be suggestive of a moderate to advanced evaporative condition while longer blink times may be suggestive of potential early evaporative conditions. These results must also be evaluated in conjunction with certain ocular surface patterns.
- The lid margin should be evaluated for the presence of oily scurf suggestive of seborrheic conditions while dry collarettes may be more suggestive of a bacterial blepharitis condition. As with all of the remaining “scored” assessment points 0 refers to a normal condition unless otherwise specified. The scores then range to 3 which is considered the most advanced.
- The palpebral conjunctiva should be evaluated for follicles or edema that may be suggestive of various inflammatory or allergic conditions. Likewise, hyperemia or conjunctival blood vessel dilation may be suggestive of various inflammatory conditions.

OCULAR SURFACE

- The interpalpebral bulbar conjunctiva should also be evaluated for infection for the same reasons suggested above.
- The ocular surface score refers to a grading scale that evaluates various quadrants of the ocular surface for vital dye staining patterns. The faint gray grid placed over the schematic eye divided each eye into six parts. The density of the staining of both Bio Glo (NAFL) and Lissamine Green should be evaluated on a scale from 0-3 for each section and then combined to arrive at a total score. Each section can be evaluated in subsequent visits for improvement.

AQUEOUS

- The Schirmer test evaluates tear production. It should be performed without anesthesia over a 5 minute period with a standardized litmus paper strip. Normal is considered to be 20 mm or greater.
- The tear break up test may be performed with fluorescein or non-invasively with a topographer. Any readings less than 10mm should be considered suspect.
- A subjective observation of the quantity of the tear prism may also be used. The average tear prism is approximately 1 mm. Differences from this value may be suggestive of an aqueous tear insufficiency.

MEIBOMIAN GLANDS

- The meibomian glands should be evaluated for potential atrophy or dysfunction. The glands should be lightly expressed to determine the quality and quantity of the lipid secretions. Normal lipid secretions resemble olive oil and easily expressible with a slight touch.

DIAGNOSIS

This section covers many of the possible diagnoses that may be used.

Please note: not all of the diagnoses listed have ICD-9 codes and in many instances an alternate code may need to be used.

TREATMENT

Various treatment options have been outlined or listed.

