

SHORT RECORD ASSESSMENT

| PATIENT | DONE/NOT APPLICABLE | OMISSION |
|---|---------------------|----------|
| 1. Is/are the reason(s) for presenting (chief complaints) identified? (OPR 4.2, 5.1) | D ₁ | No |
| 2. Is the health history including the use of medications explored? (OPR 4.2, 5.1) | D ₁ | No |
| 3. Is the relevant family ocular health history recorded? (OPR 4.2, 5.1) | D ₁ | No |
| 4. Were the tissues of the anterior segment examined? (OPR 6.1) | D ₁ | No |
| 5. Were the tissues of the posterior segment examined (through a dilated pupil when indicated)? (OPR 6.2) | D ₁ | No |
| 6. Were the pupillary reflexes tested? (OPR 4.2) | D ₁ | No |
| 7. Were all risk factors indicating glaucoma explored (if applicable)? (OPR 4.2, 6.8, 7.2) | D ₁ | No |
| 8. Is the presenting monocular visual acuity at near and distance recorded? (OPR 4.2) | D ₁ | No |
| 9. Was an appropriate measure of refraction conducted? (OPR 4.2, 6.3, 7.6) | D ₁ | No |
| 10. Were the resulting monocular acuities recorded for any prescription change? (OPR 4.2) | D ₁ | No |
| 11. Were all appropriate measures of binocularity carried out at distance and near? (OPR 4.2, 6.7) | D ₁ | No |
| 12. Does the record show that the member diagnosed or addressed all problems evident in the case history and basic examination, when indicated? (OPR 5.1) | D ₁ | No |
| <p>Please provide the Committee with specific comments that you believe are critical to this file that has not been captured by the above questions.</p> | | |