[Insert Business/Practice/Clinic Name]
Chart Notes and Visit Summary

Date: **Dr. in:** **Dr. out:**
Patient:
MR#:
D.O.B.:
Requesting Dr.:

SAMPLE TEXT

Dx and History: Patient has a history of vision loss secondary to [XXXX]. Due to this irreversible vision loss there is great concern regarding loss of independence and safety. It is my understanding that it has been months since continuous text equal to newspaper type has been an achievable visual task. Among the visual goals mentioned were tasks that involved reading at a level needed for independence. This includes such tasks as [X, Y, Z]. A careful review of systems indicates a past medical history remarkable for [X, Y, Z].

Reason for Consult: SAMPLE: Safety and independence issues

VA with Correction: **OD:**
OS:
Near Acuity: SAMPLE: (Snellen equivalent)

Low Vision Aids or Manifest Refraction: SAMPLE: No change. LV optical aids as recorded in the written record.

SAMPLE TEXT

Patient Education, Discussion and Counseling: [Briefly describe the discussion(s) had with your patient regarding low vision, visual aids, rehabilitation options, and the risks and benefits of low vision intervention.]

We had a lengthy discussion regarding irreversible vision loss, risk of total blindness, loss of independence and safety. Every effort was made to answer additional specific questions regarding options outside of LV services. ADL, OM, low vision aids and the individual prognosis were also discussed. I stressed the importance of patient involvement in the rehabilitation process, the risks and benefits of LV intervention and the patient's emotional well being as it relates to irreversible vision loss.

Impression and Tx Plan: [Briefly describe your recommended treatment plan for the patient] Vision loss is secondary to [XXXX]. Independence and safety is compromised due to irreversible vision loss.

It is my opinion that this patient will benefit from an individualized visual rehabilitation plan and low vision aids.

Should the patient or the referring doctor request, we will provide the low vision services and have the patient return so we can begin those services which the referring physician may not be fully familiar with or not equipped to provide in the area of comprehensive low vision rehabilitation services.

Dictate a consultation report to the referring doctor and a chart note summary of this visit for the permanent record.

Approx. % of visit devoted to Pt education and counseling: [indicate percent] %

[Your Name, Accreditations]
[Your Title/Position]
[Your Business/Practice/Clinic's Name]

INSERT SIGNATURE BLOCK