

American Board of Ophthalmology Office Record Review Module

Diagnosis/Case: Comprehensive Childhood Exam

Module Definition: A new patient between age three and six years old brought in for general eye examination, seen by you at least once in the past 12 months.

History (Positive or Negative Findings)			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Reason for visit/chief complaint
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Current ocular medications
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Past ocular history
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Systemic disorders
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Current systemic medications
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Drug reactions/allergies
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Prenatal history (birth weight and/or gestational age, history of maternal infections or illness)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Child's development
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Past medical history
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Family history of ocular and systemic diseases

Examination and Diagnostic Procedures			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Vision testing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Sensory testing, such as stereo and Worth 4 dot, where age permits
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Color vision
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Anterior segment (cornea/AC/lens)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. External examination
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Ocular alignment/motility
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Pupillary responses/presence of afferent pupillary defect
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Dilated fundus examination (under age six)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Cycloplegic refraction (under age six)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Intraocular pressure (IOP)

Diagnostic Techniques			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Method used for vision testing:

<input type="radio"/>	<input type="radio"/>		1. Visual acuity measured
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Fix/follow
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Fixation preference (central, steady, maintained)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Object to occlusion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Induced tropia testing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Beads
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Forced preferential looking
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Illiterate symbols
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Snellen
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Other
			Method used for sensory testing:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Worth 4 dot
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Stereo vision
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Other
			Method used to measure IOP:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Tactile
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Applanation
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Tono-Pen
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Pneumo-tonometer

Assessment and Management			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>		1. Impression
<input type="radio"/>	<input type="radio"/>		2. Current diagnosis
<input type="radio"/>	<input type="radio"/>		3. Current treatment plan
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Glasses or optical correction prescribed
<input type="radio"/>	<input type="radio"/>		5. Recommendation for follow-up appointment

Safety and Environment			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Safety glasses recommended
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Cycloplegic (Atropine) Refraction - Drug Caution