

PRIVATE AND CONFIDENTIAL

PATIENT: **Richard Crown**
DATE OF BIRTH: **6/1/2010**
DATE: **2/4/2018**
DOCUMENT TYPE: **Ophthalmology Chart Note**
VISIT TYPE: **Office Visit**

History of Present Illness:

1. **Chief Complaint:** Richard Crown presents with his mother for a low vision evaluation secondary to reduced vision. He states his vision has always been reduced but he feels like it has been fluctuating more recently. He is struggling at school and states that his grades are starting to be affected. He denies any eye pain or redness but does complain of light sensitivity. He likes to hold things close because it makes it easier to read, but he is having difficulty reading for long periods of time.
2. **Secondary complaint:** The patient also complains of headaches at the front of his forehead. He states it is worse when he is studying for an examination the next day. His primary care physician states it is stress related and to take OTC headache medication but it does not help. His last eye exam was one 1 year ago. Her last primary care examination was 2 months ago.

Systemic Health

(+) Ocular albinism
(-) Bleeding disorders (Hermansky Pudlak)

Systemic Medications

OTC – Claritin PRN

Ocular Medications

None

Allergies

1. Ingredient: Penicillin – Results in hive

Visual Acuity

DVA OD

DVA cc: 2/18

NVA OD

NVA cc: .40/4.0M

DVA OS

DVA cc: 2/15

NVA OS

NVA cc: .40/3.2M

DVA OS

DVA cc: 2/15

NVA OS

NVA cc: .40/3.2M

Objective Refraction

OD

SPH: -6.00

CYL: -3.00

Axis: 180

DVA: 2/10

OS

SPH: -5.00

CYL: -3.25

Axis: 180

DVA: 2/12.5

Physical Examination

External Examinations

Pupils:

OD Equal, round and reactive light (-) APD

OS Equal, round and reactive light (-) APD

Angles / PI:

OD 4

OS 4

Confrontational Visual Fields:

OD Full to finger count
OS Full to finger count

Contrast: **OD** .65 log loss
OS .65 log loss

Motility: **OD** (+) Pendular nystagmus, null point on convergence
OS (+) Pendular nystagmus, null point on convergence

Color: **OD** 7/7
OS 7/7

Hirschberg **OD** Asymmetric, alternating esotropia
OS Symmetric, aligned

Adnexa:

OD Normal
OS Normal

Eye Lids:

OD Normal
OS Normal

Slit Lamp Examination:

Conjunctiva:

OD White and quiet
OS White and quiet

Cornea:

OD Clear
OS Small scar inferior nasal

Iris:

OD Brown
OS Brown

Anterior Chamber:

OD Deep and quiet
OS Deep and quiet

Lens:

OD Clear
OS Clear

Intraocular Pressure

IOP Summary:

OD: 13mmHg
OS: 14mmHg
Measured By: Dr. Doctor
Dilated: 1:14pm with 1% tropicamide

Manifest Refraction

OD

SPH: -6.25
CYL: -3.00
Axis: 180
DVA: 2/16
ADD: +3.00
NVA: .40/3.2M

OS

SPH: -5.50
CYL: -3.25
Axis: 180

DVA: 2/10
ADD: +3.00
NVA: .40/2.0M

Manifest refraction by: Dr. Doctor

New Glasses

OD

SPH: -6.25
CYL: -3.00
Axis: 180
DVA: 2/16
ADD: +3.00
NVA: .40/3.2M

OS

SPH: -5.50
CYL: -3.25
Axis: 180

DVA: 2/10
ADD: +3.00

NVA: .40/2.0M

OU

DVA: 2/10

NVA: .40/2.0M

Fundus Examination

Vitreous:

OD Clear

OS Clear

Optic Nerve:

OD Hypoplastic disc with indistinct rims

OS Hypoplastic disc with indistinct rims

CD Ratio:

OD .1/.1

OS .1/.1

Macula:

OD (-) foveal reflex

OS (-) foveal reflex

Retinal Vessels:

OD Normal

OS Normal

Periphery:

OD No breaks or detachments (+) blonde fundus

OS No breaks or detachments (+) blonde fundus

Impression/Plan

1. **Assessment:** Ocular albinism

Impression: Patient presents with clinical presentation of ocular albinism (+) nystagmus, esotropia, light sensitivity, high astigmatism, transillumination defects and hypoplastic nerves/macula

Plan: Patient and parent educated on stability of the ocular health. Monitor in 1 year with dilated fundus examination.

2. **Assessment:** Congenital nystagmus

Impression: Pendular congenital nystagmus noted with null point on convergence. (-) Oscillopsia

Plan: Continue to monitor at comprehensive exams.

3. **Assessment:** Alternating esotropia

Impression: Alternating esotropia noted with no complaints of diplopia.

Plan: Monitor yearly with comprehensive eye exams.

4. **Assessment:** Glare sensitivity

Impression: Patient complains of glare sensitivity secondary to oculocutaneous albinism. Difficulties with glare indoors and outdoors. Does not currently wear tints/sun lenses. Interested in exploring opportunities for glare control.

Plan: Refer to rehabilitation for sun lens/glare evaluation.

5. **Assessment:** Myopia with astigmatism

Impression: Minor refractive change. Strain is noted from close working distance for near work and patient appreciated ADD to help increase working distance and alleviate accommodative need.

Plan: New Rx given with high add to aid in near work eye strain.

Signature: Dr. Doctor

Provider:
Dr. Doctor