

STANDARDS OF PRACTICE

REQUIRED CLINICAL INFORMATION

Name:	Required Clinical Information
Date Approved:	09/30/2016
Date Updated:	
Number:	SP-PM-3
Type:	Practical Management Standards (PM)
Reference:	

Required clinical information to be obtained from patients at their first presentation for a comprehensive routine oculo-visual assessment includes:

- The identity of the patient
- The dates of entry to the record
- The identity of the person making the entry
- The chief concern or request
- A comprehensive case history, including ocular or visual symptoms or experiences, health history including medications and family history
- Occupational and avocational visual environment and demands as well as the measurement and description of the patient's ophthalmic appliances, including purpose and effectiveness
- The results of the observation, examination and measurement of:
 - a) Relevant physical, emotional and mental status if deemed necessary
 - b) The external eye and adnexa
 - c) Pupillary function
 - d) The anterior segment and corneal thickness, when indicated
 - e) Ocular media
 - f) The posterior segment
 - g) The intraocular pressure in adults and when indicated, in children
 - h) Presenting monocular visual acuities at a distance and/or near
 - i) Refractive status and best corrected monocular acuity
 - j) Oculomotor status and when indicated fusional reserves
 - k) Other sensory functions, when indicated, such as visual fields, colour vision, stereoacuity, sensory fusion and contrast sensitivity

All required clinical information must be clearly documented in the patient's health record. In situations where it is not possible to obtain specific required information, justification must be documented.

Patient information must be kept current by recommending re-evaluation at subsequent examinations. Patient's signs, symptoms and risk factors influence decisions optometrists make about recommended frequency of re-evaluation.

In emergency or urgent situations, it may be impractical to obtain all information at the first visit. In such cases, a specific assessment is acceptable. Completion of a comprehensive oculo-visual assessment should be arranged as appropriate.

Optometrists may choose to employ ancillary procedures in addition to those mentioned above in order to enhance or refine a clinical diagnosis or management plan. This is particularly true when the rapid pace of scientific and technological advancements in instrumentation and equipment is considered. Examples of such procedures include, but are not limited to:

- Fundus photography, OCT, scanning laser ophthalmoscopy and similar high technology imaging or mapping systems
- Corneal topography
- Ophthalmic ultrasonography (A or B scan), ultrasound biomicroscopy
- Available refractive technologies (e.g. wavefront analysis)
- Visual electrophysiology (i.e. ERG's, VEP's, etc.)