

Name  
MRN  
DOB

Patient Label

Patient Identification

VCU Health System  
MCV Hospitals and Physicians  
Richmond, Virginia 23298

**Neuro-Ophthalmology  
Outpatient Progress Note**

Date: \_\_\_\_\_ Vital Signs HR \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Wt: \_\_\_\_\_ Taken by: \_\_\_\_\_

Chief Complaint:

History:

Past Med /SurgSoc/ Fam Hx/ ROS:  no change from (date) \_\_\_\_\_ Revised:

Exam: Const ♦ Appearance:  NL Abnl:

♦CV  ♦Heart  ♦Carotids  ♦Periph Vasc NL Abnl: Lungs  NL Abnl:

Mental Status  ♦Oriented p p t  ♦M  ♦A/C  ♦FK  ♦Lang NL Abnl:

Cranial Nerves  ♦5  ♦7  ♦8  ♦9  ♦11  ♦12 NL Abnl:

Motor ♦Strength UE/LE  NL ♦Tone UE/LE  NL Abnl:

♦Sensation  NL Abnl:

♦Coordination  NL Abnl:

♦MSRs/Toes  NL Abnl:

♦Gait  NL Abnl:

♦CN 2 Visual Acuity  NL Abnl: CP

Pupils  NL Abnl:

♦Optic Fundi  NL Abnl:

♦EOM CN  3  4  6 NL Abnl:

Data reviewed:  Med Rec per ASC

Assessment/ Plan:

Counseled pt \_\_\_\_\_ min about  dx  tx  tests Total visit \_\_\_\_\_ min RTC \_\_\_\_\_ mos

No resident was involved. **Attending Signature:** \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Felton 2133  Zaydan 1771

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**Attending Notes:**

Multiple horizontal lines for entering attending notes.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name/ Provider #: \_\_\_\_\_ Time: \_\_\_\_\_

- I was present with the resident during the interview & examination of the patient. I repeated the critical or key portions of the exam. I confirmed/ revised the resident's history, exam, assessment and plan as noted.
- I was NOT present with the resident during the interview & examination of the patient. I personally interviewed the patient & repeated the critical or key portions of the exam. I confirmed/revised the history, exam, assessment and plan as noted.

Attending Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name/ Provider #: \_\_\_\_\_ Time: \_\_\_\_\_

- Felton 2133
- Zaydan 1771