

OneSight IT Operations

Patient Recap

Admin

User Guide



ONESIGHT

EssilorLuxottica Foundation

Overview

This document details the steps required to recall a patient's clinic information. This process should only be done by clinic managers or those given the task to do so.

Access

To access the Patient Recap page please navigate to www.onesightclinics.org. At the top of the page click on the option for "Admin". It will be under the "More" section as seen below:




On the admin page you will select the option for "Patient Recap" as seen below.



Patient Recall/Recall

You will now see the admin login page. You will only be able to login here using admin credentials. Please enter in your admin username and password and click on “Login”



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ADMIN LOGIN REQUIRED *Version 6.0*

User Name:

Password:

You are attempting to access an area of the system that is for **AUTHORIZED USERS** only. You must have an ADMIN LEVEL Login to proceed.

LOGIN

Next, you will be on the “Exam and Refraction” page. Here you will be able to search for a patient by the following fields.

Clinic ID Number– The unique ID given to the patient.

First Name – Type in the first name of the patient.


Last Name – Type in the last name of the patient.

Clinic Name – Dropdown with a list of all OneSight clinics.

Student ID – The patient ID of the patient. This may be a student or government ID.

School Name – Dropdown with a list of all school, groups, and communities for the clinic you chose.

After you have filled in the patient information you can click the blue button at the bottom labelled “Search.”

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EXAM and REFRACTION *Version 6.0*

Clinic ID Number:

First Name:

Last Name:

Clinic Name:

Student ID:

School Name:

SEARCH

You will now be brought to the search results page. This will list every patient relative to your search criteria. This list will have the following rows.

Clinic – The name of the clinic.

Personal ID – The personal ID for the patient.

Clinic ID – The unique clinic ID for the patient.

First Name – The patient’s first name.

Last Name – The patient’s last name.

Group – The school, group, or community the patient is a part of.



Birthday – The patient’s birthday.

Status – The status the patient is currently in.

There is also a button at the top left labelled “Search Again” if you would like to go back to the search page.

<u>CLINIC</u>	<u>PERSONAL ID</u>	<u>CLINIC ID</u>	<u>FIRST NAME</u>
KENT TEST	Fish 345	172314	Minnie
KENT TEST	18517	172315	Dawn

Clinic Name	Personal ID	Unique Clinic ID	Patient's First Name
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<u>LAST NAME</u>	<u>GROUP</u>	<u>BIRTHDAY</u>	<u>STATUS</u>	
Mouse	Fishkill ABC	5/11/2008	VA	 View Details
Yager	Fishkill ABC	4/6/1967	COLOR DEPTH	 View Details

Patient's Last Name	School, Group, or Community	Patient's Birthday	Patient Status
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Once you have found the patient you want to see, click on the “View Details” button found at the far right.

Patient Recap

You will now be on the patient recap screen for the patient you chose. Here you will be able to see all of the information we have about this patient. This information has been taken from registration, pre-test, exam, and product selection and cannot be changed as it is simply for reference. Below you will see an example of what this page will look like.

Search Again

Health History

Glaucoma: <input type="text" value="Yes"/>	Diabetes: <input type="text" value="Yes"/>	Hypertension: <input type="text" value="Yes"/>	Cataracts: <input type="text"/>	Macular: <input type="text"/>	Screeener Observations: <input type="text"/>	Screeener Observations: <input type="text"/>
Medications : <input type="text"/>		Allergies: <input type="text"/>		Pre Test Notes <input type="text"/>		Chief Complaint: <input type="text"/>

Pre-Test Results

UnAided: <input type="text" value="20/140"/>	Aided: <input type="text" value="OD"/>	Near: <input type="text" value="OD"/>	Color Correct: /7 <input type="text" value="Select:"/>	Depth Test: <input type="text" value="—"/>	IOP OD <input type="text" value="Select:"/>	DIL MED: <input type="text"/>
UnAided <input type="text" value="20/100"/>	Aided <input type="text" value="OS"/>	Near: <input type="text" value="OS"/>		Result: <input type="text" value="—"/>	IOP OS: <input type="text" value="Select:"/>	Dilated at: <input type="text"/>
UnAided: <input type="text" value="20/100"/>	Aided: <input type="text" value="OU"/>	Near: <input type="text" value="OU"/>				

AUTO REFRACTION

Sphere: <input type="text"/>	Cylinder: <input type="text"/>	Axis: <input type="text"/>
OD: <input type="text"/>	<input type="text"/>	<input type="text"/>
OS: <input type="text"/>	<input type="text"/>	<input type="text"/>

Old Glasses

Sphere: <input type="text"/>	Cylinder: <input type="text"/>	Axis: <input type="text"/>
OD: <input type="text"/>	<input type="text"/>	<input type="text"/>
OS: <input type="text"/>	<input type="text"/>	<input type="text"/>

Muscle Balance

Type of Test Given:
 COVER TEST PHOROPTER

H ORTHO **V ORTHO** **EOM:**

Pupils: ESO HYPO
 EXO HYPER
 NAP NAP

Optic Nerve

CD OD <input type="text"/>	CD OS <input type="text"/>
CUP OD <input type="text" value="NAP"/>	CUP OS <input type="text" value="NAP"/>
RIM OD <input type="text" value="NAP"/>	RIM OS <input type="text" value="NAP"/>

Internal Exam

DISC MGN: <input type="checkbox"/> OD NAP <input type="checkbox"/> OS NAP	VESSEL <input type="checkbox"/> OD NAP <input type="checkbox"/> OS NAP
DISC COLOR <input type="checkbox"/> OD NAP <input type="checkbox"/> OS NAP	POST POLE <input type="checkbox"/> OD NAP <input type="checkbox"/> OS NAP
MAC/FOVEA <input type="checkbox"/> OD NAP <input type="checkbox"/> OS NAP	PERIPHERY <input type="checkbox"/> OD NAP <input type="checkbox"/> OS NAP

Slit Lamp

LIDS <input type="checkbox"/> OD NAP <input type="checkbox"/> OS NAP	A/C <input type="checkbox"/> OD NAP <input type="checkbox"/> OS NAP
CONJ <input type="checkbox"/> OD NAP <input type="checkbox"/> OS NAP	IRIS <input type="checkbox"/> OD NAP <input type="checkbox"/> OS NAP
CORNEA <input type="checkbox"/> OD NAP <input type="checkbox"/> OS NAP	TEARS <input type="checkbox"/> OD NAP <input type="checkbox"/> OS NAP
LENS <input type="checkbox"/> OD NAP <input type="checkbox"/> OS NAP	ANGLES <input type="checkbox"/> OD NAP <input type="checkbox"/> OS NAP

Internal Exam Notes and Findings:

Refraction and Final RX

Binocular PD: OD Distance: OS Distance: OD Near: OS Near: SEG:

Subjective Refraction

Sphere: Cylinder: Axis: Prism I/O: Prism U/D: Add:

Exam Date:

OD: Sphere: Cylinder: Axis: Prism I/O: Prism U/D: Add: Sph Equiv: Final VA:

OS: Sphere: Cylinder: Axis: Prism I/O: Prism U/D: Add: Sph Equiv: Final VA:

Wear Instructions & RX Type

RX YEARS* 1 Year 2 Years RX EXPIRE DATE* Job Status Date* Examining OD: RX Prescribed?* JOB STATUS:

Primary Diagnosis: Prescribe Glasses* Referral* Reason:

Product 1* Wear Instructions* Lens Selection:

Product 2 Wear Instructions Lens Selection:

FINAL RX NOTES

NOTE TO PATIENT

Registration Data

Gender: Picture Consent?: Dilate Consent?: Has the Student worn glasses before?:

Product Data

RX1 Frame **RX1 Dispensed** **RX2 Frame** **RX2 Dispensed**
802807335589

Sun Provided **RMP 1** **RMP 2**

R2C 1 Frame **R2C 1 OD Lens** **R2C 1 OS Lens**

R2C 2 Frame **R2C 2 OD Lens** **R2C 2 OS Lens**

Once you have gotten the information that you need from this page you can either select "Update" or "Back" at the bottom of the page or click on "Search Again" at the top left of the page.