## Record Keeping Checklist Contact Lenses

Base curve, diameter

Other (based on the

being fitted)

type of contact lens

As a best practice, records relating to contact lenses should include (but not be limited to) the following:

## **CLIENT INFORMATION:** LIFESTYLE CONSIDERATIONS: Standard 14: Full name, address, phone number, email address Record Keeping and Billing Hobbies, daily activities Date of birth (if required) Work environment, occupation, work schedule PRESCRIPTION: **HISTORY:** Copy of original Rx with client's name, name and signature of prescriber, and date of exam; OR Relevant medical history, ocular history, medications, and/or allergies Copy of assessment record with client's name, name and licence number of optician authorized to conduct automated refractions, and date of assessment; OR (If applicable) Type of lens currently worn, wearing schedule, length of Contact lens record wear per day, and type of solution **ASSESSMENT:** General observations Evaluation of fit K readings **BILLING & PAYMENTS:** Detailed slit-lamp examination findings Visual acuity with contact lenses (current and trial) Record of payment (amount and type) Other measurements, observations, or information specific to the type of contact lens being fit Third-party billing authorizations or notations PLANS: Adaptive symptoms Contraindications to contact lens wear Other discussions/recommendations **LENS DETAILS:** Suggested wearing/replacement schedule Solution, cleaning Training for insertion and Brand removal (if required) Follow-up/next appointment How and when to access emergency care Prescription

## **OTHER INFORMATION:**

- Name of contact lens fitter responsible for client care (for initial fit and for follow-up visits)
- Copy of contact lens record (provided to client (required by Opticians Regulation whether client requests it or not)
- Date promised
- Record of release of information to client or other relevant regulated health care professional (date, who released to, authorization)