

Patient Name

Sex

M F

DOB

Age

CHIEF COMPLAINT _____

HISTORY of PRESENT ILLNESS

Symptoms _____

Location _____ Duration _____

Quality _____ Context _____

Severity _____ Timing _____

Modifiers _____

MEDICAL HISTORY

Blood Pressure _____ Pulse _____

Medical Update _____

Medications _____

Past, Family & Social History / Review of Systems from _____ / _____ / _____ Reviewed No Changes

Doctor's Signature _____ Technician's Signature _____

Unaided Distance Acuity OD _____ OS _____ OU _____

Aided Distance Acuity OD _____ OS _____ OU _____

Unaided Near Acuity OD _____ OS _____ OU _____

Aided Near Acuity OD _____ OS _____ OU _____

Rx	Sphere	Cylinder	Axis	Prism	Base	Add
OD						
OS						

INTRAOCULAR PRESSURE OD _____ OS _____ @ _____ AM / PM Non-Contact Goldmann Tonopen

MENTAL STATUS Orientation (person / place / time) Normal Yes No

Mood and Affect (anxiety / depression / agitation) Normal Yes No

GENERAL MEDICAL OBSERVATION

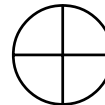
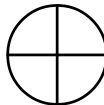
PUPILS

Size OD _____ mm (light) Size OD _____ mm (dark) PERRLA Yes No

Size OS _____ mm (light) Size OS _____ mm (dark) Afferent Pupillary Defect Yes No

GROSS VISUAL FIELDS

Right Eye Full to Confrontation Examined by Perimetry



Left Eye Full to Confrontation Examined by Perimetry

Color Vision Normal Abnormal

BASIC SENSORIMOTOR EXAMINATION

Cover Test @ Distance _____ unilateral alternate

Cover Test @ Near _____ unilateral alternate

Accommodative Amplitude

OD _____ OS _____

Ductions OD _____ Ductions OS _____ Stereopsis @ Distance _____

Versions _____ NPC _____ Stereopsis @ Near _____

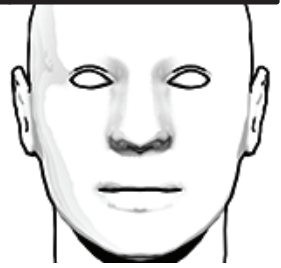
EXTERNAL EXAMINATION

Skin / Eyelids _____

ADNEXAL EXAMINATION

Eyelids _____ Orbits _____

Lacrimal Apparatus _____



Preauricular Lymphadenopathy

Yes No

EXTERNAL OCULAR EXAMINATION with BIOMICROSCOPY

Cornea _____

Eyelids _____

Eyelashes _____

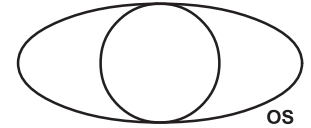
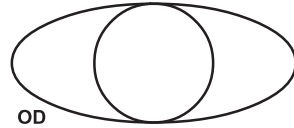
Iris _____

Sclera _____

Tear Film _____

Conjunctiva _____

Anterior Chamber _____ Lens _____



OPHTHALMOSCOPIC EXAMINATION

Optic Disc Appearance

- OD Normal Pallor Elevation Peripapillary Atrophy
- OD Normal Pallor Elevation Peripapillary Atrophy

Optic Disc Size

- OD Normal Small Large
- OD Normal Small Large

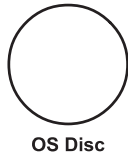
Nerve Fiber Layer Appearance

- OD Normal Localized Defect Diffuse Defect
- OD Normal Localized Defect Diffuse Defect

Cup / Disc Ratio

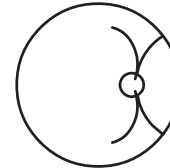


OD _____ h / _____ v
OS _____ h / _____ v

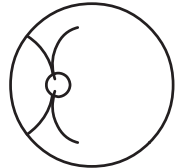


Pharmaceuticals

- Proparacaine 0.5%
- Mydracil 1%
- Cyclogyl 1%
- Neo-Synephrine 2.5%
- Homatropine 5%



OD Fundus



OS Fundus

Optic Disc _____

Macula _____

Vessels _____

Periphery _____ Vitreous _____

DIAGNOSIS _____

TREATMENT PLAN _____

Doctor's Signature _____

Next Test _____