OPHTHALMOLOGY CLINIC EVALUATIONS

NAME_____AGE_____DATE_____REFERRING MD_____

ALLERGIES _____

HISTORY: CHIEF COMPLAINT: DURATION: SEVERITY:

ASSOC. SX: EYE PAIN TRANSIENT BLURRED VA HEADACHES TEARING PTOSIS PHOTOPHOBIA

DIPLOPIA: HORIZ/VERT: MONOCULAR/BINOCULAR IRRITATION: RED/SWELLING/FBS ITCHING/BURNING/DRY

OTHER SX: SCALP TENDERNESS JAW PAIN SINUS PRESSURE NAUSEA DIZZINESS NUMBNESS/TINGLING OFF BALANCE

ORIENTED TO TIME, PLACE PERSON: YES NO MOOD AFFECT: NORMAL ANXIOUS DEPRESSED

PMH: HTN DM MI STROKE CANCER THYROID DISEASE OTHER

PSH: EYELID SURGERY ORBITAL SURGERY SINUS SURGERY CRANIOTOMY TRAUMA

OTHER:_____

POHX: CATARACT OD/OD PSEUDO OD/OS GLAUCOMA ARMD RD

MEDS:_____OCULAR MEDS_____

ROS: CONSTITUTIONAL ENT CARD/VASC RESP GI GU NEURO ENDOCRINE DERM PSYCH HEM/LYMPH ALL OTHERS NEGATIVE

FH: HTN DM THYROID CANCER GLAUCOMA ARMD RD

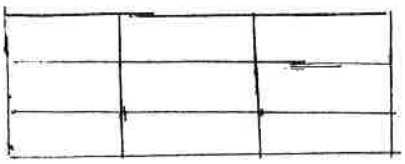
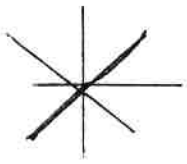
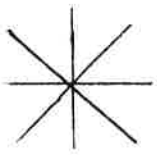
SH: TOB: N/Y ALCOHOL N/Y

DISTANCE VA: CC SC CL FORGOT GLASSES	COLOR VISION:	NEAR VA
R: 20/	R: 12/	R: J (ADD)
L: 20/	L: 12/	L: J (ADD)

PUPIL SIZE R: REACTION: R APD: R

L: L

MOTILITY: W4D STEREO: SACCADES: WNL ABN PURSUITS WNL ABN

ORBIT WNL ABN LID POSITION: WNL ABN IPF LEV

HERTEL (B:) RUL LUL

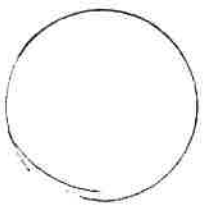
R: L: RUL LUL

RETROPULSION SUSTAINED UPGAZE : NL ABN N/A

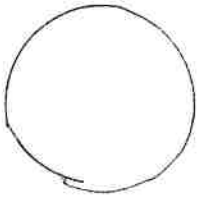
R: WNL ABN L: WNL ABN COGAN'S PRESENT ABSENT N/A

ANTERIOR SEGMENT	OD (RIGHT)	OS (LEFT
LASHES	NL/ABN	NL/ABN
CONJUNCTIVA (BULBAR/PALPEBRAL)	NL/ABN	NL/ABN
CORNEA(EPITHELIUM,STROMA ENDOTHELIUM)	NL/ABN	NL/ABN
TEAR FILM	NL/ABN	NL/ABN
ANTERIOR CHAMBER (DEPTH, CELLS, FLARE)	NL/ABN	NL/ABN
IRIS	NL/ABN	NL/ABN
LENS (NUCLEUS, ANT CAP POST CAP, CORTEX)	NL/ABN	NL/ABN

DILATED FUNDUS EXAM OD



OS



DISC	C/D	C/D
	WNL/PALE/SWOLLEN	WNL/PALE/SWOLLEN

MACULA	NL/ABN	NL/ABN
VESSELS	NL/ABN	NL/ABN
VITREOUS	NL/ABN	NL/ABN
RETINA	NL/ABN	NL/ABN

IMPRESSION:

PLAN:

VISUAL FIELDS	OD	OS	:
HVF/GVF	NL/ABN:	NL/ABN:	INDICATION
ULTRASOUND:	OD	OS	
	NL/ABN:	NL/ABN:	INDICATION

DATE REVIEWED

_____PRIOR EXAMINATIONS
_____PRIOR VISUAL FIELDS
_____LABS
_____SCAN, IMPRESSION

SIGNATURE_____