

EXAMINATION

Patient _____ Date _____ Sex: M F DOB _____ Age _____ Last Exam _____

Chief Complaint _____

History

HPI:

Symptoms
Location
Quality
Severity
Duration
Timing
Context
Modifiers

Allergies

Medications

Ocular ROS

Medical History & ROS from ____/____/____ reviewed: no changes
Dr. Initials _____

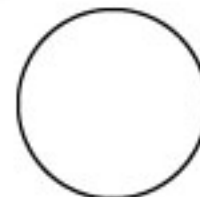
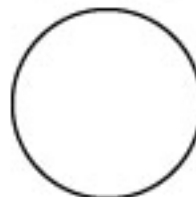
Examination Head/Face nl Psych: Mood/Affect (anxiety/depression) nl Neuro: Oriented (person/time/place) y n

* VA: sc< _____ cc< _____ ph< _____ near< _____ glare< _____

K: OD _____ OLD RX: OD _____ add _____ 
OS _____ OS _____ add _____
R-scopy: OD _____ REP: OD _____ 20/ _____ add _____
OS _____ OS _____ 20/ _____ add _____

* Perimetry: nl Color nl RG defect * ADNEXA nl
* Motility: Full Stereo Animals /3 WD /9 EYELIDS: Blepharitis OD OS OU
Cover Test: Eso Exo Ortho Meibomianitis OD OS OU

** Pupils: no afferent defect round OU Size: OD _____ OS _____ 20D
 90D
 3 Mirror



SLE: OD OS
 nl FBUT: _____ TEAR FILM nl FBUT: _____
 nl arcus * CORNEA nl arcus
 nl pterygium nl pterygium
 nl spk nl spk
 nl SCLERA nl
 nl injection * CONJ. nl injection
 nl pinguecula nl pinguecula
 D&Q * AC D&Q
 nl rubeosis ** IRIS nl rubeosis
 clear cat ns * LENS clear cat ns

* RETINA: OD OS
 nl drusen MACULA nl drusen
 nl RPE chgs nl RPE chgs
 nl VESSELS nl
 nl PVD VITREOUS nl PVD
 nl PERIPHERY nl

* OPTIC DISCS: OD OS
 nl SIZE/APPEARANCE/NFL nl
 _____ C/D _____

Pachymetry: OD _____

* T / @ _____ (Method) OS _____ Dilated: M .5% 1% PA 1%/0.25% C 1% 2% Ph 2.5% 10% OU@ _____

Diagnosis/Plan

RTO: _____ day _____ week _____ month _____ year

Dr. _____