Eyes and Vision

Name: _____ Date: _____

Age: _____ Gender: _____

History

Review of History Related to Eyes and Vision:

YES/NO			If YES, provide details:
Date of last eye exam: _____			
Vision			
☐	☐	Blurry vision	_____
☐	☐	Change in vision	_____
☐	☐	Double vision	_____
☐	☐	Loss of vision	_____
☐	☐	Floaters within visual field	_____
☐	☐	Straining to see	_____
☐	☐	Headaches related to vision	_____
☐	☐	Glasses or contacts	_____
Eyes			
☐	☐	History of eye disease	_____
☐	☐	Crusting or lesions on eyelids	_____
☐	☐	Redness of eyes	_____
☐	☐	Eye pain	_____
☐	☐	Drainage from around eyes	_____
☐	☐	Breathing difficulties	_____
☐	☐	Cough or cold	_____
☐	☐	Asthma or respiratory problems	_____
☐	☐	Allergies	_____
☐	☐	Other	_____

Family history of vision or eye problems:

_____

_____

Medical history relevant to eyes/vision (example: diabetes mellitus, hypertension etc.):

_____

_____

_____

Review of history related to the current visit:

Focused symptom analysis of current problem:

Reason for visit: _____

_____

Character: _____

Onset: _____

Duration: _____

Location: _____

Severity: _____

Associated problems: _____

Efforts to treat: _____

Current medications: _____

_____

_____

Allergies: _____

_____

Physical Assessment

Vision:

General evaluation of vision (glasses, contact lenses, corrective surgery):

_____

_____

Distant vision (Snellen chart or E Card)

Right eye uncorrected	_____	Right eye corrected	_____
Left eye uncorrected	_____	Left eye corrected	_____
Both eyes uncorrected	_____	Both eyes corrected	_____

Near vision (Rosenbaum or near vision card)

Right eye uncorrected	_____	Right eye corrected	_____
Left eye uncorrected	_____	Left eye corrected	_____
Both eyes uncorrected	_____	Both eyes corrected	_____

Eyes

General characteristics — eyes (position, alignment, size):

_____

_____

Inspect and palpate.

Eyebrows (infestation, infection): _____

Eyelids (opening, ptosis, tremors, redness, swelling, flaking): _____

_____

Eye orbit (lacrimal gland, lacrimal ducts, firmness, pain or discomfort): _____

_____

Conjunctiva (color, discharge): _____

_____

External eyes (corneal clarity, pupil size, shape, reactivity): _____

_____

Eye muscles and movement:

Corneal light reflex: _____

Cover/uncover test: _____

Six cardinal fields of gaze: _____

Ophthalmoscopic Exam

	Right Eye	Left Eye
Lens clarity		
Red reflex		
Retina (color, surface characteristics)		
Disc characteristics		
Macula characteristics		

Analysis:

_____

_____

_____

_____