

Cataract Evaluation

Patient Information

Name:

Age:

Gender: Male Female Other:

Date of Evaluation:

Medical History (please specify)

Any existing eye conditions?

Any systemic health conditions?

Previous eye surgeries or treatments?

Medications?

Chief Complaint

Visual Acuity Assessment

Distance vision (with current correction, if any):

Near vision (with current correction, if any):

Visual acuity using Snellen chart or other appropriate testing methods:

Refraction

Objective refraction findings (autorefraction, retinoscopy):

Subjective refraction findings (patient's response to lens changes):

Slit-Lamp Examination

Anterior segment assessment

Evaluation of the cornea, conjunctiva, anterior chamber depth:

Assessment for signs of cataracts (e.g., lens opacity, cortical or nuclear changes):

Use of slit-lamp biomicroscopy with appropriate magnification and illumination settings

Dilated Fundus Examination

Posterior segment assessment:

Cataract Grading

Classification of cataract type (e.g., nuclear, cortical, posterior subcapsular):

Assessment of cataract severity (e.g., mild, moderate, severe) based on opacity and impact on visual function:

Other Diagnostic Tests

Doctor's Information

Doctor's Name:

Signature:

Disclaimer: This form is designed to assist practitioners during the actual evaluation of patients for cataracts, primarily for documentation purposes.