

Dilated Eye Exam

Patient Information

Name:

Date of Birth:

Gender:

Address:

Contact Number:

Emergency Contact:

Medical History

Ocular History:

Systemic Health:

Current Medications:

Allergies:

Family Ocular History:

Previous Eye Surgery:

Chief Complaint

Describe the reason for the visit and any specific symptoms.

Visual Acuity

Distance Vision:

Right Eye:

Left Eye:

Near Vision:

Right Eye:

Left Eye:

Intraocular Pressure (IOP) Measurement

Right Eye (mmHg):

Left Eye (mmHg):

External Examination

Eyelids:

Conjunctiva:

Sclera:

Cornea:

Pupil Examination

Size and Shape:

Reaction to Light:

Consensual Response:

Anterior Segment Examination

Depth of Anterior Chamber:

Lens:

Iris:

Color of Conjunctiva:

Presence of Discharge:

Dilation of Pupils

Dilation Agent Used:

Time of Dilation:

Expected Duration of Dilation:

Fundus Examination

View of the Optic Nerve Head:

Blood Vessels:

Macula:

Additional Testing (if required):

- Optical Coherence Tomography (OCT)
- Visual Field Testing
- Fundus Photography

Assessment

Summarize findings from the examination.

Plan

Recommendations for treatment or further evaluations.

Prescription for corrective lenses (if needed).

Follow-up

Specify the date and purpose of the follow-up appointment.