

# Eye Physical Examination

## Patient Information

Name:

Date of Birth:

Gender:

Medical Record Number:

## Chief Complaint

- Visual acuity concerns
- Eye pain
- Redness
- Itching
- Discharge
- Floaters or flashes
- Other (specify): \_\_\_\_\_

## History

- Previous eye conditions
- Family history of eye disorders
- Systemic diseases (diabetes, hypertension, etc.)
- Medications/allergies
- Recent trauma or injury
- Ocular surgeries

## Visual Acuity

- Right eye (OD): \_\_\_\_\_
- Left eye (OS): \_\_\_\_\_
- Both eyes (OU): \_\_\_\_\_

## External Examination

- Inspection of eyelids and lashes
- Presence of swelling, masses, or lesions
- Check for ptosis
- Palpebral fissure symmetry

## Conjunctiva

- Color
- Injection
- Discharge
- Presence of chemosis
- Subconjunctival hemorrhage

## Sclera

- Color
- Jaundice
- Scleral icterus

## Cornea

- Clarity
- Foreign bodies
- Opacity or irregularities
- Fluorescein staining if needed

## Anterior Chamber

- Depth
- Cell and flare
- Hyphema or hypopyon

## Pupils

- Size (mm): \_\_\_\_\_
- Symmetry
- Reaction to light (direct and consensual)
- Accommodation

## Lens

- Clarity
- Presence of cataracts or opacities

## Intraocular Pressure (if indicated)

- Measurement using tonometry
- Normal range: \_\_\_\_\_

## Fundus Examination (Dilated)

- Optic disc appearance
- Cup-to-disc ratio
- Macula
- Retinal vessels
- Peripheral retina

## Additional Tests (if indicated)

- Visual field testing
- Color vision testing
- Retinal imaging (fundus photography, OCT, etc.)
- Gonioscopy

## Assessment

- Normal findings
- Abnormal findings
- Differential diagnosis
- Plan for further investigation or treatment

## Recommendations

- Referral to an ophthalmologist
- Prescribe medications if necessary
- Follow-up appointment schedule
- Patient education on eye care

## Follow-up Plan

Date of follow-up appointment:

Additional tests or consultations scheduled: