Eye Physical Examination

Patient information	
Name:	**Date of birth:**
Medical record number:	**Gender:**
Eye professional:	**Assessment date:**

Medical history
Pre-existing eye or vision conditions, family history, and risk factors:
Reason for examination (include chief complaint and symptoms if applicable):

Visual acuity		
Right eye/OD:	**Left eye/OS:**	**Both eyes/OU:**
Notes:		

Pupil examination and relative afferent pupillary effect (RAPD)		
Light response (right):	**Light response (left):**	**RAPD:**
◯ Normal ◯ Abnormal	◯ Normal ◯ Abnormal	◯ Present ◯ Not present
Notes:		

Extraocular movement and alignment	
Tests performed:	
Right eye:	**Left eye:**
Notes:	
External examination (both eyes)	
Eyelids:	**Lashes:**
Surrounding tissue:	**Conjunctiva:**
Sclera:	**Cornea:**
Lens:	**Other:**
Notes:	

Fundoscopic examination (right)	
Anterior chamber:	**Optic nerve:**
Retina:	**Blood vessels:**
Notes:	

Fundoscopic examination (left)	
Anterior chamber:	**Optic nerve:**
Retina:	**Blood vessels:**
Notes:	

Other tests	
Intraocular pressure (glaucoma/tonometry): ◯ Assessed ◯ Not assessed	Results (right): Results (left):
Retinoscopy/refraction: ◯ Assessed ◯ Not assessed	Results (right): Results (left):
Prescriptions and notes:	
Corneal topography: ◯ Assessed ◯ Not assessed	Results (right): Results (left):
Other:	Results (right): Results (left):
Other:	Results (right): Results (left):

Referrals and recommendations

Additional notes