

# Nursing Assessment of Eye

## Patient Information

Name:

Age:

Gender:

Date of Birth:

Patient ID:

Date of Assessment:

Time of Assessment:

## Medical History

Current Eye Conditions:

Past Eye Conditions/Surgeries:

Current Medications:

Allergies:

Family History of Eye Diseases:

## Chief Complaint

Primary Reason for Visit:

Duration of Symptom(s):

Description of Symptom(s):

**Visual Acuity**

**Without Correction:** Right Eye (OD): \_\_\_\_\_ Left Eye (OS): \_\_\_\_\_

**With Correction (if applicable):** Right Eye (OD): \_\_\_\_\_ Left Eye (OS): \_\_\_\_\_

**Method Used:** Snellen Chart      Rosenbaum Chart      Other:

**External Eye Examination**

**Eyelids and Lashes:**

**Conjunctiva and Sclera:**

**Cornea and Lens:**

**Pupil Examination:**

Size: Right: \_\_\_\_\_ mm      Left: \_\_\_\_\_ mm

Shape:      Round      Irregular

Reactivity to Light:      Direct      Consensual      None

Accommodation:      Present      Absent

**Intraocular Pressure (IOP)**

Method:      Tonometry      Other:

Right Eye (OD): \_\_\_\_\_ mmHg

Left Eye (OS): \_\_\_\_\_ mmHg

**Extraocular Movements**

Assessment Method:      H-test      Other:

Findings:      Full Range      Restricted (Specify: \_\_\_\_\_)

**Visual Fields**

Method:      Confrontation Test      Other:

Findings:

**Fundoscopy (Ophthalmoscopic) Examination**

Optic Disc:

Retinal Vessels:

Retina:

Macula:

**Color Vision**

Test Used:      Ishihara Plates      Other:

Findings:      Normal      Abnormal (Specify: \_\_\_\_\_)

**Patient Education and Counseling**

Instructions Given:

Follow-Up Recommendations:

Referrals:

**Nurse's Notes**

Additional Observations:

Plan of Care:

Nurse's Signature:

Date: