Eye Exam Form Template

Date: June 8, 2023

Patient's Name: Theo Jacobs

Address: 2216 Saint Clair Street, Cleveland, MS

Email: theo.jacobs@gmail.com

Phone Number: 662-579-9088

Patient's Signature: Theo Jacobs

Optometrist/Physician Name: Dr. Scarlett Robinson

Case History

	Normal	Other
Ocular History	☑	
Medical history	☑	
Drug Allergies	☑	

Examination

Unaided Visual Acuity (20/) - Distance / Right	**Unaided Visual Acuity (20/) - Distance / Left**
20/20	20/20
Unaided Visual Acuity (20/) - Distance / Both	**Unaided Visual Acuity (20/) - Near / Both**
20/20	20/20
Best Corrected Visual Acuity (20/) - Distance / Right	**Best Corrected Visual Acuity (20/) - Distance / Left**
20/20	20/20

Best Corrected Visual Acuity (20/) - Distance / Both	Best Corrected Visual Acuity (20/) - Near / Both
20/20	20/20

	Normal	Abnormal	Other
Dilation	☑	☐	
Stereopsis	☑	☐	
Peripheral Vision	☑	☐	
Neurological Integrity (Pupils)	☑	☐	
Retina	☑	☐	
Various Parts of the Eye (Eyelid, Iris, Cornea, Sclera)	☑	☐	
Color Vision	☑	☐	
IOP or Tonometry (Glaucoma)	☑	☐	

Recommendations

Corrective Lenses
☐ Yes ☑ No
Preferential seating recommended
☐ Yes ☑ No

Recommend re-examination

- [ ] 3 months
- [ ] 6 months
- [ ] 12 months
- [x] Other If you have any visual proble