

Retina Examination Clinical Document

Patient Information

Name: _____

Age: _____

Gender: _____

Date of Examination: _____

Medical and Ocular History

Current Symptoms: _____

Duration of Symptoms: _____

Past Ocular History: _____

Family History of Eye Diseases: _____

Systemic Health Conditions:

- Diabetes
- Hypertension
- Others: _____

Medications: _____

Visual Acuity Assessment

Unaided Visual Acuity:

- Right Eye: _____
- Left Eye: _____

Best-Corrected Visual Acuity:

- Right Eye: _____
- Left Eye: _____

Intraocular Pressure Measurement

Method: _____

Readings:

- Right Eye: _____
- Left Eye: _____

Pupillary Examination

Pupil Size, Shape, Reaction:

- Right Eye: _____
- Left Eye: _____

Relative Afferent Pupillary Defect (RAPD):

- Present in Right Eye
- Present in Left Eye
- Absent

Slit Lamp Biomicroscopy

Anterior Segment Examination:

- Cornea: _____
- Iris: _____
- Lens: _____

Anterior Chamber Abnormalities: _____

Dilated Fundus Examination

Optic Nerve Head Evaluation:

- Right Eye: _____
- Left Eye: _____

Retinal Vessel Examination:

- Right Eye: _____
- Left Eye: _____

Macular Assessment:

- Right Eye: _____
- Left Eye: _____

Peripheral Retina Inspection:

- Right Eye: _____
- Left Eye: _____

Retinal Imaging and Tests

Fundus Photography: _____

Optical Coherence Tomography (OCT): _____

Fluorescein Angiography: _____

Other Tests: _____

Assessment and Plan

Clinical Findings:

Diagnosis: _____

Recommended Treatment Plan:

Follow-up Schedule: _____

Physician's Signature

Name: _____

Signature: _____

Date: _____