

Retinal Detachment Test

Patient Information

Patient Name:

Age:

Date of Birth:

Date:

Current Symptoms:

Patient Symptoms

Is the patient experiencing any of the following:

- Changes in vision
- Flashes of light
- Seeing squiggly lines
- Small dark spots in their vision
- A dark shadow through their vision
- Having trouble seeing clearly out of one eye

Has the patient ever had an eye injury before? Yes No

Additional comments:

Vision Test

Amsler grid test results:

- Patient can see all lines clearly
- Patient is seeing blurry lines or boxes are distorted

Additional comments:

Retinal Detachment Test

Dilated eye exam procedure notes and results:

Additional Testing Procedures:

- Computed tomography (CT scan)
- Eye ultrasound scan
- Fluorescein angiography
- Fundus imaging
- Optical coherence tomography (OCT scan)

Notes and results from additional tests:

Diagnosis:

Recommendations and referrals:

Additional comments:

Practitioner Signature

Name:

Date: