

# 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: