

REGIONAL WRITE-UP—EYES

Date _____

Examiner _____

Patient _____ Age _____ Gender _____

Reason for visit _____

I. Health History

	No	Yes, explain
1. Any difficulty seeing or blurring?	_____	_____
2. Any eye pain ?	_____	_____
3. Any history of crossed eyes ?	_____	_____
4. Any redness or swelling in eyes?	_____	_____
5. Any watering or tearing ?	_____	_____
6. Any injury or surgery to eye?	_____	_____
7. Ever tested for glaucoma ?	_____	_____
8. Wear glasses or contact lenses ?	_____	_____
9. Ever had vision tested?	_____	_____
10. Taking any medications?	_____	_____

II. Physical Examination

- A. Test visual acuity**
 Snellen eye chart _____
 Pocket vision screener for near vision _____
- B. Test visual fields**
 Confrontation test _____
- C. Inspect extraocular muscle function**
 Corneal light reflex _____
 Cover test _____
 Diagnostic positions test _____
- D. Inspect external eye structures**
 General _____
 Eyebrows _____
 Eyelids and lashes _____
 Eyeballs _____
 Conjunctiva and sclera _____
 Lacrimal gland, puncta _____
- E. Inspect anterior eyeball structures**
 Cornea _____
 Iris _____
 Pupil size _____
 Pupil direct and consensual light reflex _____
 Accommodation _____
- F. Inspect ocular fundus**
 Optic disc _____
 Vessels _____
 General background of fundus _____
 Macula _____

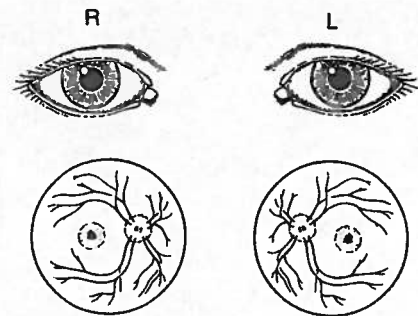
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Summarize your findings using the SOAP format.

Subjective (Reason for seeking care, health history)

Objective (Physical examination findings)

Record findings on diagram below



Assessment (Assessment of problem, diagnosis)

Plan (Diagnostic evaluation, follow-up care, teaching)