Hochschule Aalen

Name: _____ Date: _____2015

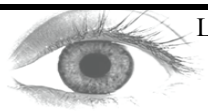
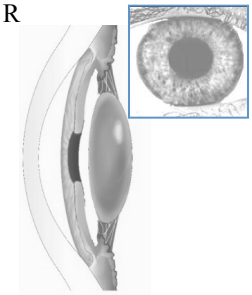
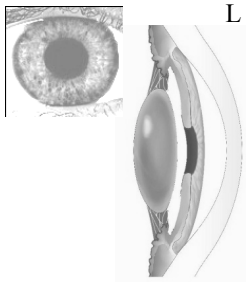
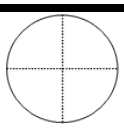
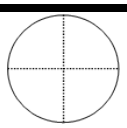
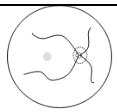
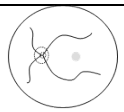
Date of birth: _____

Profession: _____ Hobbies: _____

Chief complaint:
Date of last eye exam: Which doctor/clinic:
Eye Diseases: ☐None ☐Cataract ☐Glaucoma ☐AMD ☐ other:
Systemic Diseases: ☐None☐Hypertension ☐Diabetes ☐Asthma ☐Thyroid Disease ☐Heart Disease ☐Hypercholesterolemia ☐Other:
Medications: ☐ None ☐ Yes:
Allergies: ☐ None ☐ Yes:
Family Ocular History: ☐None ☐ Yes:

Subj.	Sph	Cyl..	A	Add.	Vcc	Vcc OU.	Acc. Push up	Cover	Random Dot	Phoria	Other(EOM's, VF etc):
OD								D:		F:	
OS								N:		N:	

	OD							☐ yes ☐no		Other:
Pupils	☐equal	light	dark	round	direct	indirect	Acc.	RAPD	IOP time:	
	OS							☐yes ☐ no		

R 			L 
	☐Normal ☐Other:	Lid	☐Normal ☐Other:
	☐Normal Hyperemia: ☐ Other:	Bulbar Conj.	☐Normal Hyperemia: ☐ Other:
R 			L 
	☐Clear ☐Opacity: ☐other.:	Cornea	☐Clear ☐Opacity: ☐other.:
	☐normal☐other: Van Herick: T :1 N :1	AC	☐normal☐other: Van Herick: T :1 N :1
	☐Normal ☐Other:	Iris	☐Normal ☐Other:
	☐normal☐Opacity: ☐sonst.:	Linse	☐normal☐Opacity: ☐sonst.:
	☐Normal ☐Mouches Volantes ☐PVD ☐sonst.:	Vitreous	☐Normal ☐Mouches Volantes ☐PVD ☐sonst.:
R  Form: C/D:H xV	Distinct Disc Margins: ☐yes ☐no Rim Health: ☐normal ☐ abnormal ISNT: ☐ yes ☐ no ☐borderline Lamina: ☐ yes ☐ no Excavation: ☐shallow☐normal☐deep size: ☐S ☐M ☐L other.:	Papille R ☐bin. ☐mon. L ☐bin. ☐mon.	Distinct Disc Margins: ☐yes ☐no Rim Health: ☐normal ☐ abnormal ISNT: ☐ yes ☐ no ☐borderline Lamina: ☐ yes ☐ no Excavation: ☐shallow☐normal☐deep size: ☐S ☐M ☐L other.:	L  Form: C/D:H xV
	Foveal Reflex: ☐yes ☐ no Pigmentation: ☐ normal ☐abnormal A/V: other.:		Foveal Reflex: ☐yes ☐ no Pigmentation: ☐ normal ☐abnormal A/V: other.:	

Assessment

Rx ☐=sub	Sph.	Cyl.	A	Add.	Prisma	PD	HSA
R							
L							

☐D ☐N ☐D+N ☐ PAL ☐Bifo ☐ Office ☐ other:

Plan