



مرکز پزشکی فیض

شماره پذیرش:

تاریخ:

شغل:

سن:

نام و نام خانوادگی:

آدرس و تلفن:

1. Chief Complaint:

2. Present Illness:

3. Past Ocular History:

4. General Medical History:

5. Family History:

6. Allergies:

7. Present Medications:

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8. Refraction:

	Present Glasses	Dry Refraction	Cyclo-Refraction	Subjective Refinement	IPD
OD					
OS					

9. Visual Function:

	VA _{SC}		VA _{CC}		VA _{PH}	BCVA	Color Vision	Stereo Acuity	Visual Field
	Far	Near	Far	Near					
OD									
OS									

10. Ocular motility and deviations:

11. Pupils:

	Size	Direct response	Consensual response	RAPD	Response to accommodation
OD					
OS					

12. Orbit, Lacrimal System, and External Adnexae:

13. Biomicroscopy:

	Eyelids & lashes	Conjunctiva	Cornea	AC	Iris	Lens	Ant. Vitreous
OD							
OS							

Drawings:

14. Tonometry:

	Applanation	Schiøtz	Time	Medications
OD				
OS				

15. Gonioscopy:

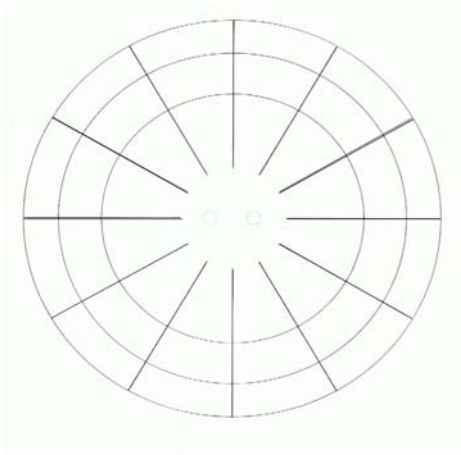
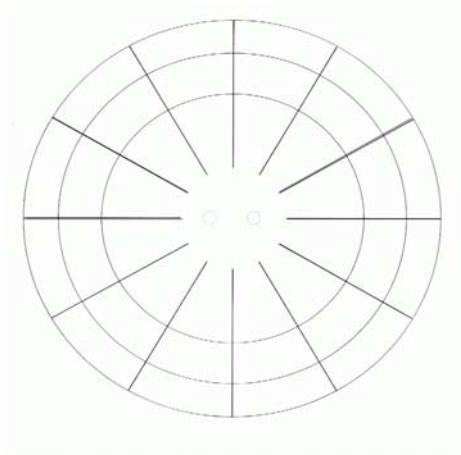


16. Red Reflex:



17. Funduscopy:

	Disc	C/D ratio	Macula	Vessels	Periphery
OD					
OS					



Lab data:

Impression:

Plan:

Attending physician note:

Signature: