

**CATARACT EXAM/SCREENING**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chief Complaint/ Reason for Visit:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Occupation:** \_\_\_\_\_  
**Hobbies:** \_\_\_\_\_  
**POHx:** \_\_\_\_\_

Frequency: Cont/ Daily / Weekly / Occasional  
 Onset: \_\_\_ Yrs / Months / Wks / Days  
 Duration: \_\_\_ Min / Hrs / Days / Mo / Yrs /  
 Location: OD / OS / OU  
 Association: ADL / Driving / Reading / TV.  
 Relief: Glasses – Adequate/ Inadequate

**PMH:**  DM  Heart Dz  RA  HTN  Thy  COPD  
**Meds:** \_\_\_\_\_  
**Meds (Cont)** \_\_\_\_\_  
**Allergies:**  NKDA \_\_\_\_\_  
**Mental status:**  AAO x 3 \_\_\_\_\_  
**Referred By:** \_\_\_\_\_ OD/ MD/ PMD

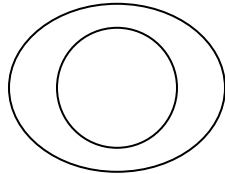
**Date of Rx:** \_\_\_\_\_ **O.D./Tech:** \_\_\_\_\_

**VASC** OD 20/\_\_\_\_ J\_\_\_\_ OU 20/\_\_\_\_ J\_\_\_\_  
 OS 20/\_\_\_\_ J\_\_\_\_  
**W Rx** OD \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_ = 20/\_\_\_\_ Add + \_\_\_\_\_ J\_\_\_\_  
 OS \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_ = 20/\_\_\_\_ Add + \_\_\_\_\_ J\_\_\_\_  
**MR** OD \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_ = 20/\_\_\_\_ Add + \_\_\_\_\_ J\_\_\_\_  
 OS \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_ = 20/\_\_\_\_ Add + \_\_\_\_\_ J\_\_\_\_  
**BAT** OD 20/\_\_\_\_  
 OS 20/\_\_\_\_

Ocular Medication			
Type	Eye	Freq.	Last dose

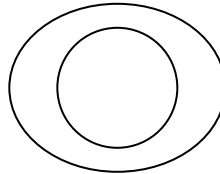
**Pupil Size** OD:\_\_\_\_ OS:\_\_\_\_ **Ocular Dominance:**\_\_\_\_\_

**Ext** nl **Pupils** RAPD **CVF** full **EOM** full **MB** ortho/ortho **Gonio**  See attached



IOL  NSC

- nl **SLE** nl
- nl **L/L** nl
- nl **S/C** nl
- clr **K** clr
- D+Q **AC** D+Q
- nl **Iris** nl
- clr **Lens** clr

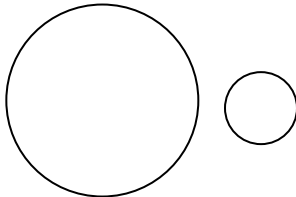


IOL  NSC

**TA** OD \_\_\_\_\_  
 OS \_\_\_\_\_  
 Time: \_\_\_\_\_ am/pm

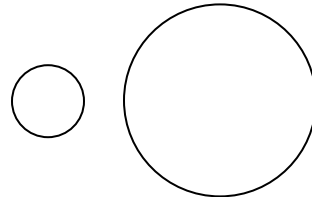
**Dilate** M N  
OU OD OS  
 Time: \_\_\_\_\_ am/pm

**Fundus**



PVD

- nl **C/D** nl
- nl **M** nl
- nl **V** nl
- nl **P** nl



PVD

**Assessment:**

**Plan:**

**Return:** \_\_\_\_\_ days / week / mos. / yrs.  
**For:**  Follow-up/post-op  MR  Dilate  IOP ✓  Cataract ✓  
 IOL Master  Orbscan  CTL over RFX  Mono Trial  BAT  
 OCT  HVF  OPD  Gonio  Pachy  Consent video/form

OU  OD 1st  OS 1st  Z  Drops  DL  Office  ASC  
 Findings discussed  Risks, benefits, & alternatives explained in detail  
**IOL OD:** \_\_\_\_\_  LRI \$ \_\_\_\_\_ **GOAL:** \_\_\_\_\_  
**IOL OS:** \_\_\_\_\_  LRI \$ \_\_\_\_\_ **GOAL:** \_\_\_\_\_  
 Trial Framed:  See attached