DLV VISION

CATARACT EXAM/SCREENING

Name: ____ **Age:**________ **Date:**______________________

Chief Complaint/ Reason for Visit:
____
____
____

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

Occupation: ____________________________________
Hobbies:____________________________________
POHx:______________________________________
____
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 ______

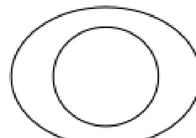
MR OD_______ - ________ x ________ = 20/_____Add + ______ J ______
OS_______ - ________ x ________ = 20/_____Add + ______ J ______

BAT OD 20/ _____
OS 20/ _____

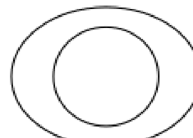
Pupil Size OD:_____ OS:_____ **Ocular Dominance:**_____

Ocular Medication			
Type	Eye	Freq.	Last dose

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



☐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

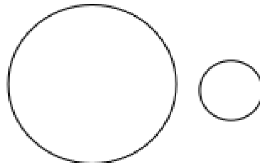


TA OD___________
OS___________
Time:_____am/pm

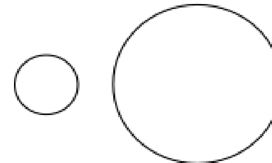
☐___IOL ___ NSC ☐ IOL ___NSC

Dilate ☐M ☐N
☐OU ☐OD ☐OS
Time:_____am/pm

Fundus



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



☐PVD ☐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 OD: _______________☐LRI $__________ **GOAL:** ________
Trial Framed: ☐ See attached