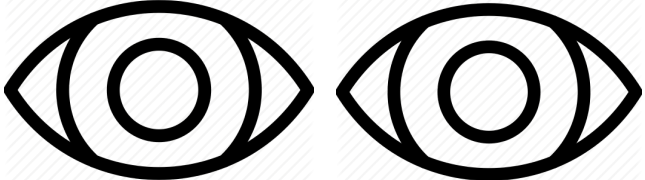


# Eye Proforma

<b>Patient Label/Information</b>	Examination Date:
	Examination Time:
	Injury/Onset Date:
	Injury Time:

<b><u>Presenting Complaint</u></b>	<b><u>Exam</u></b>
	

Visual Acuity	R /	L /	Unaided   Correction
	No	Yes	N/A
Pupil Shape Irregular			
Pupil Size Unequal			Size: R    L
Direct Response Abnormal			
Consensual Response Abnormal			
Eye Movements Abnormal			
Visual Fields Abnormal			Details:
Red Reflex Abnormal			Details:
Foreign Body			Details: Inc Subtarsal and Conjunctival
Chemical Eye Injury			pH:    R            L
Hyphaema			Details:
Photophobia			Details:
Headache			Details:
Vomiting			Details:

Slit Lamp			
External Eye Abnormal			Details:
Anterior Chamber Abnormal			Details:
Iris Abnormal			Details:
Fluorescein Uptake			Details:

Red Eye			
Corneal Abrasion			Position and Size:
Corneal Ulceration			Details:
Conjunctivitis			Details:
Orbital/Periorbital Cellulitis			Details:
Acute Angle Closure Glaucoma			Details:
Scleritis/Episcleritis/Keratitis			Details:
Subconjunctival Haemorrhage			Details:

<b>Diagnosis</b>	<b>Details:</b>
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<b>Plan:    Admission    /    Referral    /    Discharge</b>
Details:

	Doctors Signature
	Print Name: