

Date: _____ Time: _____ AM PM
 NAME: _____ DOB: _____

ALLERGIES _____
 _see face sheet

Your Name Here
 Your Clinic Name or Specialty Here
 Eye Symptoms, Adult

__eyes nml	__conjunctival injection _____	R L
__no redness	__scleral injection / hemorrhage	R L
__pupils nl	__exudate _____	R L
__EOM's full	__ciliary flush _____	R L
__fundi nl	__hordeolum _____	R L
__no evidence trauma	__foreign body _____	R L
__nl SVP's	__irreg / unequal pupil _____	R L
	__abnl reflex _____	R L
	__abnl fundus _____	R L

Right _____ fluorescein Left _____

_____ anesthetic _____ used in R L

__neck nml _____ goiter __lymphadenopathy _____
 _____ tenderness _____

CHEST:
 __lungs clear to A & P _____ abnl breath snds _____
 __heart WNL _____ murmur _____ PMI abnl _____

DIAGNOSIS:

Conjunctivitis <i>acute</i>	372.00	Sinusitis <i>acute</i>	461.9
Allergic conj, <i>acute</i>	372.05	Influenza	487.1
Corneal abrasion	918.1	Bronchitis <i>acute</i>	466.0
Vision loss <i>acute, one eye</i>	369.8	Common Cold	460
Amaurosis fugax	362.34	Ophthalmoplegic Migraine	346.8*
Hordeolum	373.1*	Classic Migraine	346.0*
Blepharitis, unspc	373.00	Diabetic retinopathy	250.5*
URI	465.9	Diplopia	368.2
Viral Syndrome, <i>acute</i>	079.99	Scotoma	386.4*
Rhinitis / Sinusitis <i>Allergic</i>	477.9	Blurred vision, NOS	368.8
Keratoconjunctivitis sicca	370.33	Eye injury, unspc	918.9
Pterygium	372.4	Pain in / around eye	379.91

OTHER DX _____

TREATMENT: __eye patch with _____ for ____ hrs
 __ibuprofen __eye care sheet given

__F / U or call if not better / well in ____ / ____ D W M
 __F / U in ____ D W M __Strep precautions discussed
 __ instructed to call if SX worsen or if new SX develop
 __ call if pain, decreased vision, or discharge present when patch is removed

Physician Signature
 __see reverse __addendum dictated __ > 50% OV in consult mode
 This Doc-U-Chart Template set exclusively licensed to: *****

Historian: __patient __other _____ __reliable _____
 CC: eye: pain discharge vision problem irritation R L Both
 trauma other: _____
 HPI BEGAN: _____ D W M ago __trauma Hx __object in eye
 Assoc symptom(s): *fever malaise achiness cough headache N/V*
sinus / nasal drainage / pain sorethroat earache
photophobia scotoma diplopia vision loss blurred vision weakness
 __recently treated elsewhere _____
 __treatment tried: _____
 __response: _____
 __similar symptoms previous _____

ROS ✓ =nl or present \ = neg or absent +/- = somewhat circle = abnl

GENERAL/CONST
 __appetite __fatigue __wt loss _____
 __sleep _____
 __fever _____

ENT
 __hayfever __nasal allergies _____
 __frequent URI's _____
 __HOH __tinnitus _____

RESPIRATORY
 __asthma __smoker _____
 __cough _____
 __bronchitis __pneumonia _____
 __second hand smoke __TB _____

NEURO
 __HA *uni lateral holocranial*
facial / sinus post cervical
sharp dull throbbing aching
vision Sx aura N/V stress light sens

 __times per D W M Y _____
 __last __min hrs days _____
 __burning pain __numbness _____

EYES
 __vision : OK __correction _____
 __allergic symptoms _____
 __cataracts __glaucoma _____
 __surgery _____

__vision trouble __dizziness _____
 __unilateral N T W _____
 __memory __tremor __strength _____

VITAL SIGNS
 TEMP _____ BP _____ / _____
 PULSE _____ RESP _____ WT: _____

VISION: Rt: 20/ _____ Cor Lt: 20/ _____ Cor OU: 20/ _____ Cor

PHYSICAL EXAM ✓ = normal or present \ = negative circle = abnl finding
APPEARANCE __alert __NAD __NAI __neat __pleasant __appears ill
 __obese __slender __anxious __fatigued __tired __pain *mild mod severe*
 __Cauc __Black __Hisp __Asian __Other _____ M F

HEENT:
 __head inspection nml _____
 __ears nml _____
 __nose nml _____
 __mouth __gums nl _____
 __pharynx nml _____

ROS additional

GI
__indigestion __abd pain __N / V

__Stools *normal*
loose BRB melena change

HEME / LYMPH

__bruising
__bleeding
__swollen nodes/ "glands"

CARDIAC

__chest pain
__heaviness __palp __edema

ENDOCRINE

__POLY *uria dipsia phagia*
__dry skin, sluggishness, wt gain
__breast or skin lumps / tenderness

MUSCULOSKELETAL

__red stiff swollen painful joints

__edema
__cold numb hands feet
__LBP

PSYCH

__depression
__anxiety

GU

__urgency __frequency __dysuria
__flank pain __bladder pain
__incont

DERM

__rash
__pruritis
__lesion

PMH __reviewed, see form __unchanged from previous documentation

HTN DM CHF MI Heart Disease PUD GB Hepatitis
CA Pneumonia TB Anemia Asthma Arthritis Thyroid

Hospitalizations: _____ __recent_____

Surgeries _____

SH __reviewed, see form __unchanged from previous documentation

__smoker _____ 2nd hand smoke _____
__ETOH: never seldom occl frequent _____
__Married __single __divorced __widow
__employed _____

FH __reviewed, see form __unchanged from previous documentation

DM HTN CA _____ Hayfever PUD GB
Hepatitis High Chol MI Vascular Disease CVA

Subsequent notes _____

Other Problems:

#1 _____ ONSET _____

#2 _____ ONSET _____

X-RAY:

__report dictated _____films sent out