EYE CLINICAL RECORD – Private and Confidential

Date	Click here to enter a date.	Title	«Title»	Forename	«FirstNames»	Surname	«Surname»	Px no.
Address	«Address1» «Address2» «Address3» «Town» «County» «Postcode»				D.O.B «DateOfBirth» «Age» years	Home Tel Work Tel Mobile Tel Email	«TelHome» «TelWork» «TelMobile» «Email»	«Reference»
					«ApptNotes»			

Pre Examination Information			To complete for all NHS Patients	
Last Exam			NHS Px	Yes ☐ No ☐
Last Optician			NHS reason	Choose an item.
Examined by		Choose an item.	Evidence seen	Yes ☐ No ☐
			NI number	
			GP Name	
			GP address	
Lifestyle Information				
Driver:		Yes ☐ No ☐	Occupation:	
Any hobbies which can affect eyes or sight:				
Any other information:				
Glasses & prescription history				
Current glasses dispensed by us		Yes ☐ No ☐		
Type of lenses	Choose an item.	Visual Acuity	Centration distance:	
R		Choose an item.	Current lens type:	
L		Choose an item.	Current frame type/details	
Add	Choose an item.			
Type of lenses	Choose an item.	Visual Acuity	Centration distance:	
R		Choose an item.	Current lens type:	
L		Choose an item.	Current frame type/details	
Add	Choose an item.			
Any problems with current frames/lenses or other appropriate information:				

Symptoms and History	
Reason for visit and symptoms	Patient ocular history
Family ocular and medical history	General health

Unaided Vision and Retinoscopy					
	Unaided Distance	Unaided Near	Retinoscopy	Cyclo refraction Yes ☐ No ☐	
			SPH	CYL	AXIS
R	Choose an item.				
L	Choose an item.				
Binoc	Choose an item.		Other information:		

Subjective Refraction

	SPH	CYL	AXIS	PRISM	DVA	BVA	BNVA	N ADD	PRISM	NVA	BNVA	INT ADD
R					Choose an item.	Choose an item.		Choose an item.				
L					Choose an item.			Choose an item.				
	Notes:											

Ocular Motor Balance

	No Rx	Old Rx	New Rx	AOA	
Cover Test D				MOTILITY	Choose an item.
Cover Test N				NPC	
				Stereopsis	
				Colour Vision	Choose an item.

Ocular Health Examination

Anterior Segment		Right	Left	Posterior Segment	Right	Left
				Examination Method	Choose an item.	
Lids		Choose an item.		Lens	Choose an item.	
Cornea		Choose an item.		Media	Choose an item.	
Conjunctiva		Choose an item.		Disc Cupping	Choose an item.	
A/C		Choose an item.		Disc Margins	Choose an item.	
Pupils		Choose an item.		Macula	Choose an item.	
IOP nct	(Time)			Vessels	Choose an item.	
IOP appl				Retinal Periphery	Choose an item.	
SL photo		Yes ☐ No ☐		Retinal photo	Yes ☐ No ☐	
Fields test		Choose an item.	Choose an item.	Dilation	Yes ☐ No ☐	Choose an item.
Amsler		Choose an item.	Choose an item.	Time		

Final Rx

Rx	SPH	CYL	AXIS	PRISM	BVD Rx over 5D Choose an item.	SPH	CYL	AXIS	PRISM
R					Distance Rx				
		Choose an item.			Inter Add		Choose an item.		
		Choose an item.			Near Add		Choose an item.		

Clinical Decision

	Clinical Decision	Advice Given
Ocular Health	Choose an item.	
Refraction Status	Choose an item.	Dispensing Advice: SVD ☐ SVN ☐ BIF ☐ VAR ☐ CL ☐

Next test advised	Choose an item.	If placed on short recall please indicate reason (NHS px only)	
Send Reminder	Yes ☐ No ☐	If early retest please indicate code (NHS px only)	Choose an item.
		Voucher issued if applicable	Choose an item.
		Consultation Fees	