VOSH INTERNATIONAL Volunteer Optometric Services to Humanity

Version 3.72H SP

Universal Exam Form

Date: (Fecha) Y Y M M D D

Country ID (País ID)

Urban (Urbano) Rural (Zonas rurales)

Patient #: (Paciente #)

Intake

First Name (Nombre) | M.I. | Last Name (Apellido) - Apellido Materno | Suffix

City: (Ciudad)

Occupation: (Ocupación) Agriculture Student Office Other Manufacturing Driver Administrator

Years Since Last Eye Exam:

Male Female

Birthdate: (Fecha de nacimiento) Y Y M M D D

Age: (Edad)

Has Spectacles: (Tiene gafas)

Spectacles Age In Years

Wearing Habit (Hábito de uso): Wear Full Time (Tiempo completo) Distance Only (Solamente de lejos) Near Only (Solamente de cerca)

Visit Reason: (Razón de la visita): Blurry Near Vision (Visión de cerca borrosa) Blurry Distance Vision (Visión de lejos borrosa) Eye Pain (Me duele el ojo) Eye Infection (El ojo es rojo) Burning (Ardor) Itching (Comezón) Light Sensitivity

Pre-Test

Personal Health History

Conditions: Diabetes, Heart Disease, Headaches, High Blood Pressure, Glaucoma, Other, Pregnant/Breastfeeding, Cataract, Other:

Medication Allergies: (Alergias a los medicamentos)

Medications Used: (Medicamentos actuales)

Entering Acuity

	Aided (Con lentes) Distance (Distancia)	Near (Cerca)
OD	20/	20/
OS	20/	20/

Pupils

	Normal	Slow	Fixed
OD			
OS			

Cover Test

Horizontal Alignment — Distance: Δ ortho, eso, exo; Near: Δ ortho, eso, exo

Vertical Alignment: Δ R Hyper, L Hyper

Blood Pressure

Glucose

Auto Ret

OD (R)

OS (L)

IOP mmHG (Presión intraocular) OD OS

Speaks English

Literate Yes No

Dilated Time HH:MM :

Refraction (Receta de lentes)

PD:

OD

OS

Best Acuity

	Aided (Con lentes) Distance (Distancia)	Near (Cerca)
OD	20/	20/
OS	20/	20/

Notes:

Examination

Ocular Health (Salud ocular)

Diagnosis

Myopia, Hyperopia, Astigmatism, Presbyopia, Anisometropia, Amblyopia, Strabismus, Diabetic Ret., Htn Ret, Dry Eye, Pinguecula, Pterygium, Conjunctivitis, Glaucoma

Cataracts OD OS

Prior Surg. OD OS

Other:

Treatment

	Topical	Oral
Anti-Infective		
Steroid		
Combo		
NSAID		
Glaucoma		
Artificial Tears		

Other:

Referral

Glaucoma, Pterygium, Retina, Strabismus, Foreign Body Rmvl., Cataract OD, Cataract OS, Other

Other:

Optical

Primary Pair Recommended Eyeglass Rx	OD: / OS:	Pre-Made / Custom	ADD +	Distance / Near
Secondary Pair Recommended Eyeglass Rx	OD: / OS:	Pre-Made / Custom	ADD +	Distance / Near

Sunglasses Dispensed

Doctor/Signature