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			
OS			

Pupils

	Normal	Slow	Fixed
OD	☐	☐	☐
OS	☐	☐	☐

Cover Test — Horizontal Alignment

				Vertical Alignment
Distance: △	☐ ortho	Near: △	☐ ortho	△ ☐ R Hyper
	☐ eso		☐ eso	☐ L Hyper
	☐ exo		☐ exo	

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			
OS			

Notes:

Examination

Ocular Health (Salud ocular)

Diagnosis
☐ Myopia ☐ Dry Eye
☐ Hyperopia ☐ Pinguecula
☐ Astigmatism ☐ Pterygium
☐ Presbyopia ☐ Conjunctivitis
☐ Anisometropia ☐ Glaucoma
☐ Amblyopia Cataracts ☐ OD ☐ OS
☐ Strabismus Prior Surg. ☐ OD ☐ OS
☐ Diabetic Ret. Other:
☐ Htn Ret

Treatment

	Topical	Oral
Anti-Infective	☐	☐
Steroid	☐	☐
Combo	☐	
NSAID	☐	☐
Glaucoma	☐	☐
Artificial Tears	☐	

Other:

Referral
☐ Glaucoma ☐ Foreign Body Rmvl.
☐ Pterygium ☐ Cataract OD
☐ Retina ☐ Cataract OS
☐ Strabismus ☐ Other
Other:

Optical

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

Doctor/Signature