

Eye, Ear, Nose & Throat Exam

☒ Check normal, circle & describe abnormal

Patient: _____

Date: _____ Date of birth: _____ M/F

CC & significant history: _____

Temp: _____, Pulse: _____, Resp: _____, BP: L: ____ / ____, R: ____ / ____

Eye: ☐ WNL

- ☐ Visual acuity: L: ____ / ____ R: ____ / ____
☐ corrected, ☐ uncorrected

External inspection

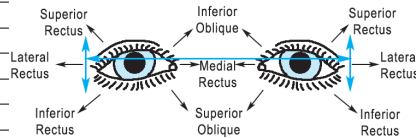
- ☐ Size, shape symmetry: _____
☐ Lids, lashes: _____
☐ Conjunctiva (pallor): _____
☐ Iris, sclera, cornea: _____
☐ Palpation: _____

Examination

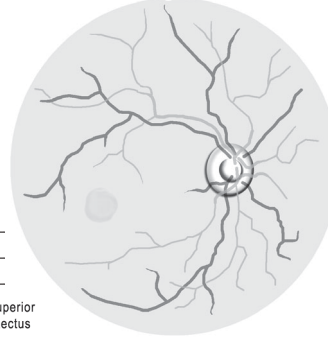
- ☐ Ocular movements: _____
☐ Visual fields: _____
☐ PERLA: _____
☐ Corneal reflex: _____
☐ Cover/uncover test: _____

Ophthalmic exam

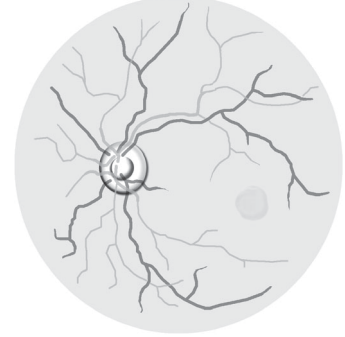
- ☐ Red reflex
☐ Optic cup & disc
☐ Disc margins well defined
☐ Cup:disc ratio (1:2)
☐ bulging ☐ cupping
☐ Trace blood vessels
☐ Macula
☐ Anterior chamber



Right



Left



Ear: ☐ WNL

- ☐ Uncorrected, ☐ hearing aid

External inspection

- ☐ Size, shape symmetry: _____
☐ Position & alignment of head: _____
☐ Skin condition (color, lumps, lesions): _____
☐ Auricular & tragus movement: _____
☐ External auditory meatus: _____
☐ swelling, ☐ redness, ☐ discharge, ☐ cerumen

Examination

- ☐ Watch test: L > = < R
☐ Weber: =, lateralize L/R
☐ Rinne: AC > = < BC
☐ Vestibular function: _____
☐ Swivel chair test: _____

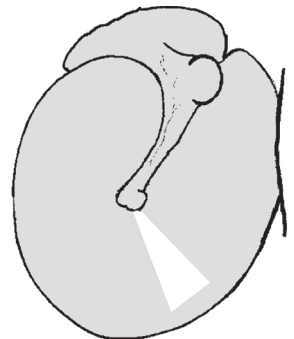
Otoscopic exam

- ☐ Auditory canal
☐ Tympanic membrane
☐ Irritation
☐ Scarring
☐ Perforation
☐ Cone of light
☐ Red reflex
☐ Fluid level: _____
☐ Discharge: _____
Pneumatic otoscopy
☐ Brisk movement
☐ Slow/absent movement

Left



Right



Nose: ☐ WNL

External inspection

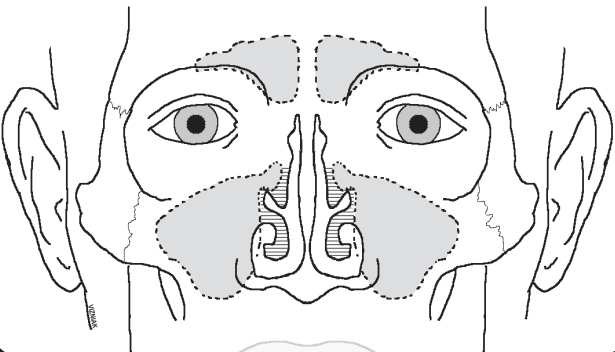
- ☐ Size, shape symmetry: _____
☐ Skin condition: _____
☐ Deviated septum: _____
☐ Congestion: _____

Rhinoscopic examination

- ☐ Color: _____
☐ Discharge: _____
☐ Ployps: _____

Sinus examination

- ☐ Percussion: _____
☐ Transillumination: _____



Throat: ☐ WNL

- ☐ Size, shape symmetry: _____

- ☐ Lips: _____
☐ Mucosa
☐ Buccal: _____
☐ Labial: _____
☐ Teeth: _____

- ☐ Tonsils: _____

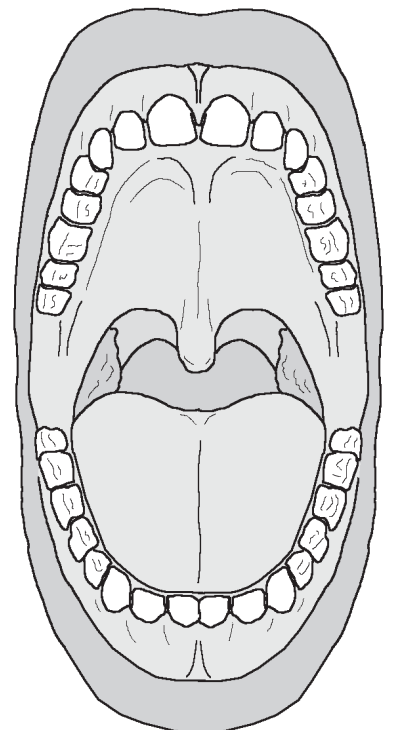
- ☐ Pharynx: _____

- ☐ Tongue: _____

- ☐ Uvula: _____
☐ Hard palate: _____
☐ Gingiva: _____

- ☐ Cervical lymph nodes: _____

- Other: _____



Signature: _____

Date: _____