

Name:

Date:

Date of Birth:

Type of Sport:

Type of Ocular Injury:

Visual Acuity:

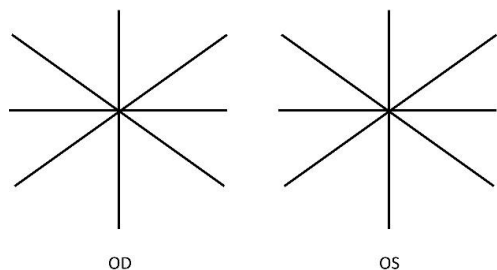
OD:

OS:

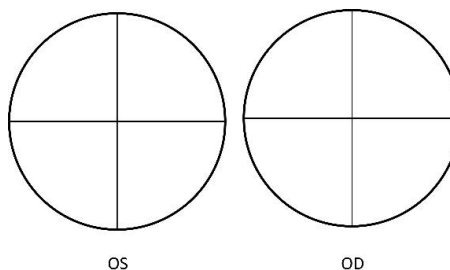
Pupillary Responses:

Direct / Indirect:

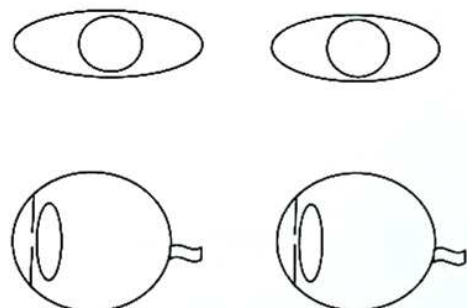
Ocular Motility:



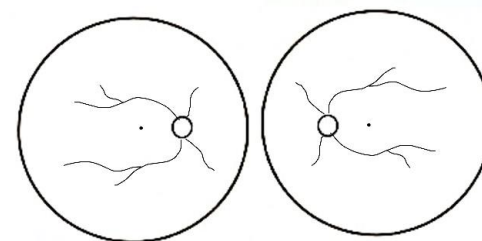
Confrontation Visual Field:



Anterior Segment:



Posterior Segment



Signs and Symptoms that Require Immediate Referral	
<input type="checkbox"/> Severe decrease in or total loss of vision	<input type="checkbox"/> Asymmetric appearance of orbita and / or eye glob
<input type="checkbox"/> Visual field defect on confrontation	<input type="checkbox"/> Bony step-offs of the orbital rim
<input type="checkbox"/> Defect in pupillary responses	<input type="checkbox"/> Painting of cornea or leaking of anterior chamber fluid with fluorescein dye test
<input type="checkbox"/> Irritation (Severe redness)	<input type="checkbox"/> Shallow or flat anterior chamber
<input type="checkbox"/> Light sensitivity (Photophobia)	<input type="checkbox"/> Hyphema (Blood in anterior chamber)
<input type="checkbox"/> Pain / Restrictions in eye movements	<input type="checkbox"/> Pupillary irregularities (Teardrop shaped pupil)
<input type="checkbox"/> Double vision (Diplopia)	<input type="checkbox"/> Inability to view the posterior segment
<input type="checkbox"/> Light flashes or floaters	<input type="checkbox"/> Eyelid margin or medial canthus injuries
<input type="checkbox"/> Seeing halos around lights	<input type="checkbox"/> Foreign body sensation /Suspect of foreign body
<input type="checkbox"/> Prescence of chemosis and subconjunctival hemorrhage	<input type="checkbox"/> Any suspect for perforation