

SOS Eyeglasses Intake & Exam Form

Date: (Fecha)

Country ID (País ID)

Urban (Urbano): Rural (Zonas rurales):

Patient #: (Paciente #)

First Name (Nombre), M.I., Last Name (Apellido), Apellido Maternal, Suffix

Street: (Calle), City: (Ciudad)

Phone: (Teléfono), Occupation: (Ocupación), Last Eye Exam: (Fecha del último examen)

Male (Masculino): Female (Femenino): Birthdate: (Fecha de nacimiento), Age: (Edad), Has Glasses Now: (Tiene gafas), Glasses Age: (Hace cuanto tiempo), Wearing Habit (Hábito de uso)

Visit Reason: (Razón de la visita): Blurry Near Vision, My Eye Hurts, Burning, Light Sensitive, Blurry Distance Vision, My Eye Is Red, Itching

Medical Health (Salud médica): Conditions (Diabetes, High Blood Pressure, Pregnant/Breastfeeding, Heart Disease, Glaucoma, Cataract, Convulsions, Other), Medication Allergies, Medications Used

Current Rx (Prescripción actual): Sphere, Cylinder (Minus), Axis, Prism, Add Power, PD

Auto (Autorefracción) / Ret (Retinoscopy): Sphere, Cylinder (Minus), Axis, Prism, Add Power, PD

Visual Acuity (Agudeza visual): Aided (Con lentes), Distance (Distancia), Near (Cerca), Unaided (Sin lentes), Distance (Distancia), Near (Cerca), Intraocular Pressure (Presión intraocular), Dilated (Dilatado), English Speaker, Literate

Doctor Rx 1 (Receta de lentes): Sphere, Cylinder (Minus), Axis, Prism, Add Power, PD

Doctor Rx 2 (Receta de lentes): Sphere, Cylinder (Minus), Axis, Prism, Add Power, PD

Ocular Health (Salud ocular): Diagnosis (Myopia, Hyperopia, Astigmatism, Presbyopia, Strabismus, Amblyopia, Diabetic Ret., Htn Ret, Glaucoma, Dry Eye, Pinguicula, Pterygium, Cataracts, Prior Surgery, Anisometropia), Treatment (Drops - Glc, Drops - Infection, Drops - Inflammation, Drops - Combo I/I, Ointment - Infection, Ointment - Combo I/I, Ointment - Imflammation, Artificial Tears, Other)

Care/Referral (cuidado / referencia): Referral (Remisión), Cataract, Glaucoma, Strabismus, Pterygium, Retina, Other

Blood Pressure, Sugar, PERRLA, Doctor/Signature

Notes: