



Version 3.72H SP  
**Universal Exam Form**

Date:  Y  Y  M  M  D  D  
 (Fecha)

Country ID   
 (País ID)

Urban (Urbano)  Rural (Zonas rurales)

Patient #:   
 (Paciente #)

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

City:   
 (Ciudad)

Occupation:  Agriculture  Student  Office  Other  
 Manufacturing  Driver  Administrator

Years Since Last Eye Exam:

Male  Female Birthdate:  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)

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

**Personal Health History**  
 Conditions:  Diabetes  Heart Disease  Headaches  High Blood Pressure  Glaucoma  Other  Pregnant/Breastfeeding  Cataract  
 Medication Allergies:  (Alergias a los medicamentos) Medications Used:  (Medicamentos actuales)

**Pre-Test**  
 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 Vertical Alignment  
 Distance: Δ  ortho  eso  exo Near: Δ  ortho  eso  exo  
 Δ  R Hyper  L Hyper

Auto  Ret IOP mmHG (Presión intraocular) OD  OS   
 Blood Pressure  /  Glucose   
 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:

**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.  Htn Ret Other:   
**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 ADD  Distance  Sunglasses Dispensed  
 OS:  Custom +  Near  
 Secondary Pair Recommended Eyeglass Rx OD:  Pre-Made ADD  Distance  
 OS:  Custom +  Near  
 Doctor/Signature