



6812

## EYE HISTORY AND PHYSICAL

<b>Patient:</b>	<b>Date of Surgery:</b>
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Admission for: RIGHT LEFT \_\_\_ Elective Cataract Surgery with Intraocular Lens Implant  
 \_\_\_ Other: \_\_\_\_\_

The risks and benefits of the procedure have been discussed and consent has been signed.

**The indication for surgery is as follows:**

Blurred vision for:	___ Driving, ___TV, ___ Outdoor Activities, ___ Shopping, ___ Hobbies
	___ Recognizing faces, ___ Reading, ___ Computer Work, ___ Work Activities
Disabling Glare:	___ Sunlight, ___ Headlights, ___ Difficulty reading closed captions on TV
Other:	___ Discomfort due to Anisometropia, ___ Decreased depth perception
	___ Decreased color perception, ___ Difficulty performing Work Activities
	___ Inability to pass drivers test, ___ Presence of lens-induced eye disease
	___ Presence of cataract precludes diagnosis/treatment of other eye disease
	___ Astigmatism ___ Other _____

<b>Previous Ocular Surgery:</b>
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MOST RECENT EXAM FINDINGS:	RIGHT	LEFT	IOL	TYPE	POWER
Best corrected distance vision					
Best corrected near vision					
Applanation tension					
PAM			<b>Incision Location:</b> Superior Temporal Other		
Glare disability					
Axial Length >26.0MM <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align:right">mm _____</div>					

**FINDINGS ON THE SURGICAL EYE RIGHT LEFT**

1 2 3 4 + Nuclear sclerosis	1 2 3 4 + Cortical Activity	1 2 3 4 + Posterior Subcapsular
___ Pseudoexfoliation of lens	___ Small Pupil	___ Posterior synechiae
___ Clear Cornea	___ Corneal Guttata	___ Corneal scar or edema
___ Fair view of fundus	___ Poor view of fundus	___ No view of fundus
___ No disc abnormality	___ Glaucomatous cupping	___ Saucerized disc
___ No macular pathology	___ Mild macular changes	___ Macular degeneration
Other:		
Other:		

**CO-EXISTENT:**

___ Glaucoma	___ Diabetes	___ Other	___ None
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**ADDITIONAL COMMENTS:**

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MD Signature	Date	Time	