HISTORY & OCULAR EXAM

HOUSER NEWMAN ASSOCIATES

- $\hfill \square$ 37 MEDICAL CROSSING RD, TAMAQUA
- ☐ 40 EAST LOCUST ST, NESQUEHONING
- $\hfill 217$ FRANKLIN AVE, SUITE 105, PALMERTON

| NAME: | | | | AGE: | | | DOB: | | DATE: | | | |
|---------------------------|-----------|------------|------------|--------------|-------------------|--------|----------------------|------------|-------|-----|-----|------|
| REFERRED BY: | | | | | FAMILY PHYSICIAN: | | | ОРТОМ: | | | | |
| CHIEF COMPLAINT: | | | | | | | | | | | | |
| PAST MEDICAL HISTORY: | | | | | | | | ALLERGIES: | | | | |
| SOCIAL HI | STORY: Sr | noking/Vap | e/Tobacco: | : | Alcohol: | | | | | | | |
| FAMILY HISTORY: Glaucoma: | | | | Cataract: | | | | Other: | | | | |
| MEDICATIONS: | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| ١/٨ | | SC | PC | PH | GLARE | | SC | PC | | SPH | CYL | AXIS |
| VA DIST | OD | | | | | NEAR | | | PC | | | |
| DIST | OS | | | | | | | | | | | |
| | | SPH | CYL | AXIS | VA |] | | | | | | |
| R | OD | SFII | OIL | ANIO | VA | | | | | | | |
| | OS | | | | | | | NORMAL | | | | |
| | _ | | | | | | OD | | _ | OD | | |
| | | | ADD | | | PUPILS | OS | | T | OS | | |
| NL | | | L | | | | | | | | | |
| E | EOM: | | | | | | | | | | | |
| (| Conf Fiel | .ds: | | | | | | | | | | |
| Eye Lids: | | | | | | | | | | | | |
| (| Conj: | | | | | | | | | | | |
| Cornea: | | | | | | | | | | | | |
| | Ant Char | nber: | | | | | | | | | | |
| Iris: | | | | | | | | | | | | |
| Lens: | | | | | | | | | | | | |
| Disc: | | | | | | | | | | | | |
| F | Retina: | | | | | | | | | | | |
| Signature: | | | | Return Visit | | | Dilate: Yes No Code: | | | | | |