Eye Exam Form Connective Tissue Diseases OI

Dr. Felix Chau -- University Illinois Eye and Ear Infirmary

Date:_____/_____/_____ Dilation drop/time:_____

DOB:

Diagnosis:_____ Confirmed: □No □Yes □?

DNA analysis: □No □Yes results: _____ Center: _____

Eye History

Lens dislocation: □No □Yes R L age Cataracts: □No □Yes R L age

Retinal detachment: □No □Yes R L age Glaucoma: □No □Yes R L age

Previous Eye Surgeries: □No □Yes Type: _____ R _____L

Eye Medications: _____

Systemic History: □Aortic Aneurysm □Small Vessel Disease □Stroke □Lung Disease

□Skeletal Disease: Spine Pectus Feet □Skin disorder □Arthritis □Allergies

FH: Marfan □No □Yes Ocular history:

Other_____

VA R_____ L_____

Glasses measured R_____

L_____ add _____

EOM (strabismus) Alternate Cover

Dist: _____ Stereo: _____

Near:_____ Versions: _____

NPC (central brow):_____

Ext

lids/lashes: □Normal □Abnormal Hypertelorism: Inner- Intercanth Distance:

Outer-Intercanth Distance: Head Circumference: IIDx100/OICD: >38 OIDx100/HC:> 6.8

Pupils: □ectopic □round □miotic PERRLA □No □Yes

Confrontation fields full □No □Yes Nystagmus □No □Yes

Iris transillumination □No □Yes

Keratometry R_____ L_____

R_____ L_____

Pachymetry R_____ L_____

R Axl_____ R Lens_____ R ACD_____

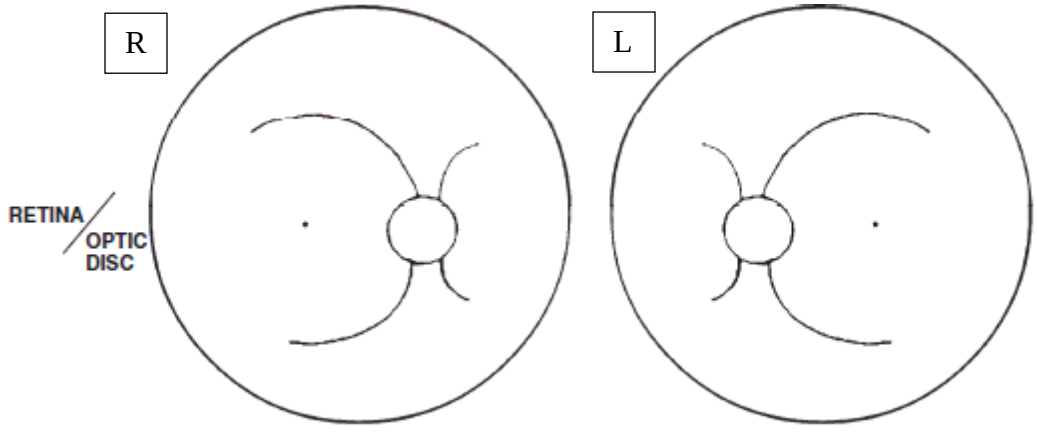
L Axl_____ L Lens_____ L ACD_____

Date: _____

Anterior Segment:

IOP R L

	Right	Left	Comments
Conjunctiva:			
Cornea:			
Iris:	Transillumination □no □yes Hypoplasia □no □yes	Transillumination □no □yes Hypoplasia □no □yes	
Anterior Chamber			
Lens:	dil undil	dil undil	
Vitreous:			
Cells:	□no □yes	□no □yes	
Refraction:	Myopic: □no □yes Hyperopic: □no □yes Astigmatism: □no □yes	Myopic: □no □yes Hyperopic: □no □yes Astigmatism: □no □yes	
Fundus:	□ normal □abnormal	□normal □abnormal	
Discs:	color C/D	color C/D	
Macula:	□normal □abnormal	□normal □abnormal	
Vessels:	□normal □abnormal	□normal □abnormal	
Periphery:	□normal □abnormal	□normal □abnormal	



Impression & Summary:

myopia □no □yes
trans illumination □no □yes
retinal pathology □no □yes

flat cornea □no □yes
lens dislocation □no □yes

strabismus □no □yes
glaucoma □no □yes

_____

Signature: