

Name
MRN
DOB

Patient Label

Patient Identification

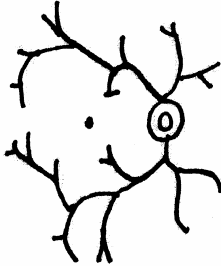
VCU Health System
MCV Hospitals and Physicians
Richmond, Virginia 23298

Neuro-Ophthalmology Exam

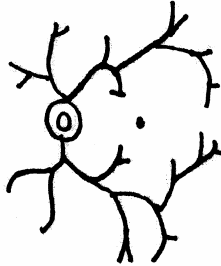
Date: ___/___/___

Visual Acuity				Color Plates			Discrimination	
Near	+2.5	Far	Pinhole	Correct	Missed	TP	Red saturation	Brightness
SC	CC	SC	CC					
OD	_____	_____	_____	_____	_____	_____	_____	_____
OS	_____	_____	_____	_____	_____	_____	_____	_____
Pupils		Resting		Near	Shape	1/8% Pilo	1% Pilo	Other
		Light	Dark					
OD	_____	_____	_____	_____	_____	_____	_____	_____
OS	_____	_____	_____	_____	_____	_____	_____	_____
APD	OD _____		OS _____	Tonometry:	OD _____		OS _____	
Fundus Exam				OD		OS		

C/D Ratio: _____
 Optic Disc: _____
 Macula: _____
 Foveal reflex: _____
 Vessels: _____
 Background: _____



C/D Ratio: _____
 Optic Disc: _____
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 Background: _____



VF Confrontation: OD _____ OS _____

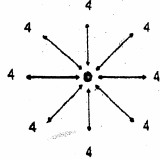
Hertel Exophthalmometry Base: _____ OD _____ OS _____

External orbit appearance Lids, Conjunctiva, Sclera Right: _____ Left: _____

Lid Fissure (mm) OD/OS Upgaze: _____ Primary: _____ Downgaze: _____

Extraocular Movement OD OS

Primary gaze: _____
 Right gaze: _____
 Left gaze: _____
 Upgaze: _____



Primary gaze: _____
 Right gaze: _____
 Left gaze: _____
 Upgaze: _____



Fixation: _____ Saccades: _____ Pursuit: _____ OKN: _____ Oculocephalic Response: _____

Nystagmus Direction: _____ Amplitude: _____ Frequency: _____ Null zone: _____ Other: _____

Resident Signature: _____ Date: _____

Printed Name/ Provider #: _____ Time: _____

- I was present with the resident during the interview & examination of the patient. I repeated the critical or key portions of the exam. I confirmed/ revised the resident's history, exam, assessment and plan as noted.
- I was NOT present with the resident during the interview & examination of the patient. I personally interviewed the patient & repeated the critical or key portions of the exam. I confirmed/revised the history, exam, assessment and plan as noted.
- No resident was involved.

Attending Signature: _____ Date: _____

Printed Name/ Provider #: _____ Time: _____

Felton 2133 Zaydan 1771

