West Virginia Department of Health and Human Resources
PHYSICIAN'S REPORT ON EYE EXAMINATION

MA ID Number/Pending Medicaid Number:_____

Patient's Name_____

Street Address_____ City and State _____

Date of Birth_____ Sex _____ Race _____ Age at onset of blindness_____

Diagnosis (See Note 1)

Eye condition primarily responsible for blindness_____

_____

Secondary conditions, if any _____

Etiological factor responsible for primary eye condition_____

(If primary eye condition or etiological factor is not the same for both eyes, divide space and indicate separately).

Ocular Motility: _____

_____

Nerve Heads (describe nerve heads and vessels emerging from nerve heads): _____

_____

Status of Corneal: ☐ Clear ☐ Cloudy

Central Vision (Use Snelien notations, 20/200, 10/200, 14/140, 14/280. Etc., if possible – See Note 2).

	Without glasses		With glasses	
	Distance (20 ft.)	Near (14 in.)	Distance (20 ft.)	Near (14 in.)
Right eye	_____	_____	_____	_____
Left eye	_____	_____	_____	_____

Peripheral Vision (See Note 3)

Is there any limitation in the field of vision? _____ If so, indicate the best vision obtainable for each quadrant. Test each quadrant with ophthalmoscope (head detached) to see at what distance light can be seen. Attach field chart if available, noting radius of perimeter, size of test object, and illumination.

Peripheral Vision with Hand Motion: O.D. _____ O.S. _____

Prognosis and Recommendations for Eye Care and Treatments

Is there any likelihood that vision could be restored or improved by operation or treatment? _____

Prognosis _____

Recommendations _____

_____

Remarks _____

_____

Date of examination _____ _____

(Signature of Eye Physician)

Date of report _____ _____

(Address)

Note 1. State separately the eye affection causing blindness, secondary or complicating conditions, and the underlying etiological factor which is responsible for the primary eye affection. Examples: Keratoconjunctivitis, secondary atrophy of globe-ophthalmia neonatorum, gonorrheal, buphthalmos-prenatal syphilitic infection; cataract-diabetes; retinitis pigmentosa-herediatry; irido cycitis, secondary cataract-focual sepsis. In traumatic cases, describe circumstances of accident fully; if industrial accident, give nature of industry.

In the event of a hazy cornea, indicate the location. Is there any part of the cornea normal?

Note 2. Measurements will be assumed to be stated in the Snellen formula (either feet or inches) unless otherwise Noted. If exact measurements of central vision cannot be given, describe the test used so as to indicate the distance And the size of the test object. Examples: Counts fingers At three feet; hand movement at three feet; light perception Only.

Note 3. Tests should be made with patient fixing one eye on a point three feet straight ahead and with objects held at a distance of three feet from the fixation point in the quadrant of the field under examination, the other to be kept closed or covered.

PLEASE USE REVERSE SIDE FOR RECORDING RE-EXAMINATIONS, OPERATIONS, TREATMENT, ETC.

HISTORY OF EYE INJURY

Name: _____ Date of accident: _____

Address: _____ Which eye was injured? _____

1. Age when accident occurred: _____

2. What was the nature of the accident; was there a perforating injury; was the eye cut? Describe in detail. _____

_____

_____

_____

3. What was the individual doing when the injury occurred; cutting with scissors; using knife, hammering, filing, chopping wood, etc. If an automobile accident, state whether injury was from broken glass, splinters, a blow:

   Describe in detail: _____

_____

4. Was any operation performed? _____

5. Was there any sight remaining in the injured eye after the accident? _____

6. When did the injured eye become blind? _____

7. If the injured eye was totally blind, did the doctor advise removing it? _____

8. Was the injured eye, if sightless, removed? _____ Date _____

HISTORY OF THE GOOD EYE

1. How soon did the sight in the good eye begin to disappear? _____

_____

2. How soon after it became affected, was an eye specialist consulted? _____

_____

3. What was his advice? _____

_____

4. When did the good eye become blind? _____

_____

Please give any further details in connection with the accident: _____

_____

Date of Report _____ (Signature of Eye Physician) _____

RE-EXAMINATIONS

Date	Best Corrected Vision		Changes in Eye Condition	Recommendations (Further examination or treatment - Specify)	Optometrist's Signature
	Right Eye	Left Eye			