

EYE EXAMINATION REPORT

Choices in Community Living, Inc.
1651 Needmore Road
Dayton, Ohio 45414

Phone: (937) 898-2220
Fax: (937) 898-3553

Name _____

Date of Exam _____

Current medications and dosages (CICL completes prior to appointment)

EXAM			
	NORMAL	ABNORMAL	Not Able to Assess
AMBLYOPIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STRABISMUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERNAL EYE HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERNAL EYE HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISUAL ACUITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BINOCULAR VISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Right Eye		Left Eye
Distance Unaided Acuity (20 ft)	20 /		20 /
Distance Best Corrected (20 ft)	20 /		20 /
Near Unaided Acuity (14 in)	20 /		20 /
Near Best Corrected Acuity (14 in)	20 /		20 /

DIAGNOSIS					
<input type="checkbox"/> Normal	<input type="checkbox"/> Myopia	<input type="checkbox"/> Hyperopia	<input type="checkbox"/> Astigmatism	<input type="checkbox"/> Strabismus	<input type="checkbox"/> Amblyopia

TREATMENT RECOMMENDATIONS	
1	Glasses Prescribed <input type="checkbox"/> Yes <input type="checkbox"/> No.
2	
3	
Eyeglasses to be worn for:	
<input type="checkbox"/> Constant Wear	<input type="checkbox"/> Distance Vision Only <input type="checkbox"/> Near Vision Only <input type="checkbox"/> As preferred

Examiner's Signature _____	Date _____	Return In: _____
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CICL Staff Signature _____