

# Dry Eye Evaluation

Subjective comfort over past week  
1=sig. discomfort through 10=no discomfort.

Chart #:

Date:

Patient's Name \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Computer Use (hours per day): \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Dry Eye Treatment: ATs (Brand: \_\_\_\_\_ /times per day: \_\_\_\_\_) Restasis ( \_\_\_\_\_ months) Plugs

Systemic Medications: \_\_\_\_\_

	Cat	Glc	Amb	Esg	AMD		
POH							
FOH							
	HBP	HRT	THY	ARTH	DIAB	SX	CA
PMH							
FMH							

1. Patient
2. Mother
3. Father
4. Grandmother
5. Grandfather
6. Daughter
7. Son
8. Sister
9. Brother

Subjective Symptoms: \_\_\_\_\_

Goals: \_\_\_\_\_

Mood and Affect: app other: \_\_\_\_\_  
Oriented to time, place and person: Y /N

VA: OD  
c 20/ OS gls  
s OU cls

Externals:

Pupils/EOMs:

## Slit Lamp Exam

Lids/Lashes:

Conjunctiva:

Cornea:

Tear film quality:

Tear meniscus: <1mm >1mm

Saliva test: YES / NO

Other testing:



TBUT OD: \_\_\_\_\_ seconds > 10 sec  
OS: \_\_\_\_\_ seconds > 10 sec

## Vital Dye Staining

Fluorescein:	corneal staining	1	2	3	4	conj staining	1	2	3	4
Lissamine Green:	corneal staining	1	2	3	4	conj staining	1	2	3	4
Rose Bengal:	corneal staining	1	2	3	4	conj staining	1	2	3	4

Assessment:

Plan:

Tear film quality:

Tear meniscus: <1mm >1mm

Saliva test: YES / NO



OD: \_\_\_\_\_ seconds > 10 sec