

OCULAR EMERGENCY

Name: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE LIST YOUR SYMPTOMS IN DETAIL, THAT ARE RELATED TO YOUR VISIT TO OUR OFFICE TODAY

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Which eye are you experiencing problems in: Right                      Left                      Both  
How long have you been aware of the current problem \_\_\_\_\_

**PLEASE CIRCLE THE APPROPRIATE THE ANSWER:**

Have you recently had an accident or injury? Yes                      No

Did this happen at work? Yes    No                      Have you filled out a C-4 form? Yes    No

Were you hit in the head or eye recently? Yes    No

Have you gotten anything in your eye recently? Yes                      No  
If so, please explain \_\_\_\_\_

Did your problem develop suddenly or gradually?

Are your symptoms constant or intermittent?

Has this happened to you before? Yes    No  
If so when? \_\_\_\_\_

Are your symptoms remaining the same, getting better or getting worse?

Are you diabetic? Yes                      No  
If so, is your blood sugar under control? Yes                      No

Do you have high blood pressure? Yes    No

Please list ALL of your current medications?

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**Please check all that apply to the symptoms that you are currently experiencing?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Blurred vision  | <input type="checkbox"/> Flashes of light        | <input type="checkbox"/> Redness         |
| <input type="checkbox"/> Double vision   | <input type="checkbox"/> Steamy or cloudy vision | <input type="checkbox"/> Discharge       |
| <input type="checkbox"/> Floaters (a sudden increase)                              | <input type="checkbox"/> Halos around lights     | <input type="checkbox"/> Headaches       |
| <input type="checkbox"/> Are you seeing a black curtain or a cobweb in your vision | <input type="checkbox"/> Missing areas in vision | <input type="checkbox"/> Light sensitive |
|  | <input type="checkbox"/> Discomfort or pain      |  |
|  | <input type="checkbox"/> Itching                 |  |

Please list any other problems that you may be experiencing that we did not list  
\_\_\_\_\_