EYE EMERGENCY TRIAGE NOTE

optometry EVOLUTION

DATE: ....../....../...... TIME: ....

PATIENT NAME: .... DOB: ....../....../......

TELEPHONE NUMBER: .... GP NAME/PRACTICE: ....

RIGHT EYE ☐   LEFT EYE ☐   BOTH EYES ☐

MAIN COMPLAINT:

CHECK	YES	NO
- REDNESS	☐	☐
- DISCHARGE/WATERING	☐	☐
- SENSITIVITY TO BRIGHT LIGHT	☐	☐
- CONTACT LENS WEARER	☐	☐
- FOREIGN BODY/CHEMICAL IN EYE	☐	☐
- DISTORTED VISION	☐	☐
- FLASHING LIGHTS/FLOATERS	☐	☐
- DOUBLE VISION	☐	☐
- HEADACHE	☐	☐

VISION

RIGHT EYE NORMAL ☐ SLIGHTLY BLURRED ☐ SEVERELY BLURRED ☐ SIGHT LOSS ☐

LEFT EYE NORMAL ☐ SLIGHTLY BLURRED ☐ SEVERELY BLURRED ☐ SIGHT LOSS ☐

PAIN: (NONE) 0 1 2 3 4 5 (SEVERE PAIN)

DURATION: < 48HRS 2-7 DAYS 1-4 WEEKS > 1 MONTH

ADVICE OF THE OPTOMETRIST:

SIGNED ....

IF NO OPTOMETRIST AVAILABLE: OTHER OPTOM ☐ GP ☐ A&E ☐ NHS24/111 ☐ PHARMACY ☐

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