

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