**TELEMEDICINE**

Patient’s **First Name**:?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: m\_\_\_\_\_\_/d\_\_\_\_\_\_\_\_/y\_\_\_\_\_\_\_\_\_\_ **Today’s date** \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

cell phone # (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of rparent / rguardian or r who is sending the Telemedicine Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Health History:*

Main Problem/Concern with Vision:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did it start?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How bad is it?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What makes it worse?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What makes it better?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

r New Referral or rFollow-up

Your doctor / local health-care provider(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any current treatments for the eye(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$Glasses?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other Health Problems?:

Explain any Injury to the eyes?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any surgery related to the eyes?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any family problems related to the eyes?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Your Examination of the EYES and VISION:*

r Home Acuity Monitor : right eye: **20/\_\_\_\_\_\_\_\_\_** left eye: **20/\_\_\_\_\_\_\_\_\_**\_

r If you can get a **photoscreen** from local clinic / nurse / Lion’s Club, send results.

r Cell phone photograph(s) showing what concerns you about the eye(s).

r Cell phone video showing eye alignment or concerns.

r Estimate IntraOcular Pressure by pressing both index fingers on upper eyelids

Comments:

<http://www.abcd-vision.org/abcd-clinics/Telemedicine.html>