

TELEMEDICINE Home Report

Patient's **First Name:** _____ **Last Name:** _____

Birthdate: m_____/d_____/y_____ **Today's date** ____/____/____

cell phone # (_____) _____ - _____ email: _____

Name of parent / guardian or 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? _____

New Referral or Follow-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:

Home Acuity Monitor : right eye: **20/**_____ left eye: **20/**_____

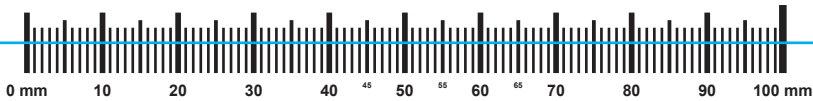
If you can get a **photoscreen** from local clinic / nurse / Lion's Club, send results.

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

Cell phone video showing eye alignment or concerns.

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

Comments:



tape to patient

Fold here

Collecting Digital IMAGES and VIDEO from Home Eye Exam

Visual Acuity:

Centered, Steady and Maintained FIXATION (patched)

Home Acuity Monitor (patched, separate video)

Peripheral Vision: (patched)

Pupils

Eye Movement:

Cover Test

Ductions and Versions

Outside of the eyeball

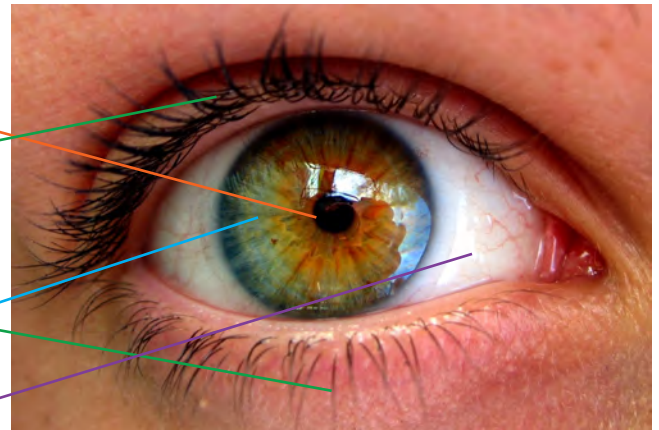
Eyelids

Orbit

Pre-auricular nodes

Cornea and Front of the eyeball

Conjunctiva ("white" of the eyeball)



Intraocular Pressure: (*grape video guess*)

Duct Tape patch

Magnifying glass

Grapes and pebble

Millimeter ruler

Flashlight

right eye

pupil

Find your "P.D."

left eye

pupil

0 mm 10 20 30 40 45 50 55 60 65 70 mm

Fold here



Fold here

20/20
T

20/25
O

20/30
H

20/40
V

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V

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MATCHING CARD (20/80 size from 10 Ft)
www.abcd-vision.org



(Fold back to avoid distraction)

Alaska Blind Child Discovery **Near Acuity** (30 cm)



Instructions: (website *video available*)
(distance acuity)

Download pdf HOTV Home Acuity Monitor
Fold 8.5" x 2.5" rectangular "tube"
Familiarize by matching letter on the "tube"
with big letter on *this* Matching Card.
"No Peeking" patch over the left eye.
Then move back so monitor-tube is 10 feet
from the unpatched eye.

Test first, top 20/60 HOTV letter.
Next, move down to 20/50, then 20/40...
If one level missed, then rotate the "tube"
If can't see 2 of 4- move to larger letter.
Record the smallest acuity level with at
least 3 of 4 correct for right eye.

Next, patch right eye, move back to 10 feet
Repeat Acuity Monitor "tube" for left eye.
Record smallest visual acuity for left eye
If 20/60 missed, test from 5 feet for 20/120
... or place "Pinhole" card over eye for
retest (ball-point pen poke through card).

"No Peeking" patch? Try duct tape.

