OE Eye-Connect TRIAGE form

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First Name	**Last Name**	**HAS ID** _____

Date	**O Male O Female**	**DoB**	**Age (years) O Not sure**
Tele Eye Consultation Date:		O Athlete O Unified partner	Sport(s)
Delegation		SO Program	
Cell phone #		**Number is: O Athlete's O Parent's / Guardian 's**	

Case History

When was your last eye exam?
- O Less than 1 year
- O 1-3 years
- O More than 3 years
- O Never
- O Unknown

Health History
- O Allergies
- O Diabetes
- O High Blood Pressure (hypertension)
- O Medication:

Do you experience any of the following
- ☐ Difficulty seeing: ☐ Far ☐ Near
- ☐ Headaches
  How often? ☐ every day ☐ 1-2 times/week ☐ 1-2/month
- ☐ Sensitivity to light
- ☐ Double vision: ☐ Far ☐ Near
  When did it start? ☐ within last month ☐ longer then a month
- ☐ Red eye ☐ both eyes ☐ one eye: right left (circle one)
  When did it start?
- ☐ Pain in eye ☐ both eyes ☐ one eye: right left (circle one)
  When did it start?
- ☐ Discharge from eye ☐both eyes ☐one eye: right left (circle)
  When did it start? Have you been ill recently?

☐ Did you have an accident where head or eyes were hit: ☐ Yes ☐ No

☐ Have you had a foreign body in the eye that needed to be removed by an eye doctor: ☐ Yes ☐ No

Do you wear corrective lenses (glasses or contacts)? O No O Yes If yes, answer the following questions:

Check all that apply : ☐ *Standard Rx* ☐ *Sports Glasses/ goggles* ☐ *Contact lenses*

When do you wear your glasses : ☐ Full time ☐ Near only ☐ Far only O Soft O Hard

Eye Health External

O Nystagmus

	Right Eye	**Left Eye**
	☐ *Unable to test*	☐ *Unable to test*
	☐Normal	☐Normal
	☐Lid anomaly	☐Lid anomaly
	☐Blepharitis	☐Blepharitis
	☐Conjunctivitis ☐ allergic ☐ viral	☐Conjunctivitis ☐ allergic ☐ viral
	☐Stye/Hordeolum	☐Stye/Hordeolum
Abnormality:		

Tentative diagnosis and recommendations after virtual Tele Eye Consultation:

Referral to: ☐ Optometrist ☐ Ophthalmologist ☐ Primary care physician ☐ Neurologist ☐ Other: _____

Level of urgency: ☐ emergency ☐ urgent ☐ within a week ☐ within 2-3 weeks ☐ Other:

Additional comments:

_____

_____

_____

_____

CD _____ **signature** _____**Date**_____