

# RECORD CARD

## Preliminary Contact Lens Exam

Surname: \_\_\_\_\_ Given Name(s) \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ M F File No. \_\_\_\_\_ Date: \_\_\_\_\_

Home Address \_\_\_\_\_ Tel. No. Hm: \_\_\_\_\_ Bus: \_\_\_\_\_

### Section A: History and Contraindications

Reasons for Contact Lenses	Medical History	Additional Information	Medication
Yes No	Yes No		Yes No
Cosmetic _____	Allergies _____	Previous CLs: _____	Diuretic _____
Inconvenience of Glasses _____	Sinusitis _____	Previous Care System: _____	Dilantin _____
Sports & Recreation _____	Hayfever _____	Current eyedrops: _____	Tranquilizers _____
Occupation _____	Dryness of Mouth, Eyes _____	Currents drops with lenses: _____	Antihistamines _____
High Rx _____	Or Mucous Membranes _____	Wearing Schedule: _____	Contraceptive Pill _____
Increased VA _____	Convulsions/Epilepsy _____		Other _____
Astigmatism _____	Fainting Spells _____		(if yes, see file) _____
Aniseikonia _____	Diabetic _____		
Aphakia _____	Pregnant _____		
Keratoconus _____	Psychiatric Treatment _____		
	Thyroid Imbalance _____		

Do you plan to be in the local area for at least 6 months? Yes  No  Have you worn contact lenses before? Yes  No   
 If Yes, what was the reason for discontinuing: \_\_\_\_\_

### Section B: Ocular Exam Without Lenses

Uncorrected V.A.	(OD) 6/ _____	(OS) 6/ _____	(OU) 6/ _____
Sphero-Cylindrical Refraction and V.A. (Balanced)	(OD) ± _____ Sphere ± _____ Cylinder X _____ Axis 6/ V.A. 6/ (OU)		
	(OS) ± _____ Sphere ± _____ Cylinder X _____ Axis 6/ V.A.		
Keratometry	(OD) _____ D _____ mm @ _____ / _____ D _____ mm @ _____		
	(OS) _____ D _____ mm @ _____ / _____ D _____ mm @ _____		

**Slit-Lamp:** Are there any Positive Slit-Lamp Findings? (OD)  Yes  No (OS)  Yes  No  
 If Yes, please complete Slit-Lamp Form.

<b>Binocular Vision Status at</b> Far <input type="checkbox"/> Near <input type="checkbox"/>	<b>Tear Break-up Time</b> OD _____ sec OS _____ sec																														
<table style="width: 100%;"> <tr> <th style="width: 25%;">Diameter (mm)</th> <th style="width: 25%;">Lid Tension</th> <th style="width: 25%;">Schirmer Test</th> <th style="width: 25%;">OD</th> <th style="width: 25%;">OS</th> </tr> <tr> <td>Fissure Cornea</td> <td>Tight <input type="checkbox"/> =1</td> <td>Hypersecretor 17mm/0-15 Sec. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Pupil</td> <td>Loose <input type="checkbox"/> =2</td> <td>Normal 17mm/30-200 Sec. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>OD _____</td> <td>Medium <input type="checkbox"/> =3</td> <td>Subnormal 17mm/214-300 Sec. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>OS _____</td> <td></td> <td>Hyopsecretor 4-16mm/300+ Sec. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td></td> <td>Phenol Red Thread Test (15 sec.) OD _____ mm OS _____ mm</td> <td></td> <td></td> </tr> </table>	Diameter (mm)	Lid Tension	Schirmer Test	OD	OS	Fissure Cornea	Tight <input type="checkbox"/> =1	Hypersecretor 17mm/0-15 Sec. _____	_____	_____	Pupil	Loose <input type="checkbox"/> =2	Normal 17mm/30-200 Sec. _____	_____	_____	OD _____	Medium <input type="checkbox"/> =3	Subnormal 17mm/214-300 Sec. _____	_____	_____	OS _____		Hyopsecretor 4-16mm/300+ Sec. _____	_____	_____			Phenol Red Thread Test (15 sec.) OD _____ mm OS _____ mm			
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**Preliminary Evaluation:** Pachymetry: OD \_\_\_\_\_ mm OS \_\_\_\_\_ mm  
 Motivation: High =1  Moderate =2  Slight =3   
 Suitability: Yes  No  If no, specify \_\_\_\_\_

**Notes:** \_\_\_\_\_

Based on the **Contact Lens Work-Up** Record Card  
 from the School of Optometry  
**UWaterloo, CANADA**

Student's signature: \_\_\_\_\_ Supervisor's signature: \_\_\_\_\_