

EYE EVALUATION		PROGRAM NAME:	
Patient's Name (Last, First, Middle):		DOB:	Pt. File No.:
Initial __ F/U __			
Complaints/Changes:			

Section I. SENSORY TESTING (Trigeminal Nerve)

Sensation in the eye is determined by examining the patient for delayed or absent BLINK

Record: S or **L** according to sensory findings (observation):

S= Sensation intact (normal, symmetrical blink)

L= Loss of Sensation (delayed or absent blink)

BLINK	
Right ____	Left ____

Section II. MUSCLE TESTING (Facial Nerve)

Muscle strength in the eye is tested by having

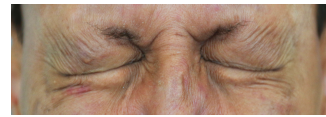
the patient hold both eyes tightly closed against resistance

Record: S, W or **P** in the box according to muscle test findings

S=Strong-patient can hold position against full resistance

W=Weak-patient can close eyes, but not able to hold closed against resistance

P=Paralyzed-patient cannot fully close eyes



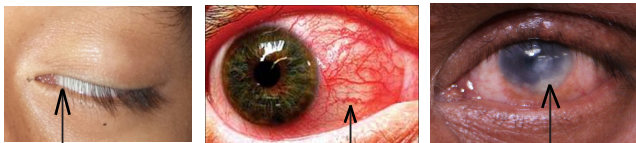
Tight eye closure



against resistance

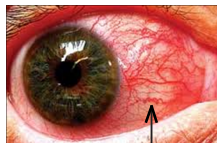
STRENGTH	
Right ____	Left ____
Tight eye closure against resistance	

Section III. HD DEFORMITY: (Check if present)



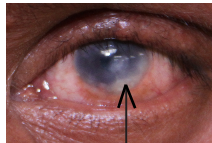
R L

Lagophthalmos
(incomplete eye closure)



R L

Red Eye
(with pain)



R L

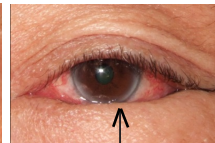
Corneal
Opacities

Section IV. ADDITIONAL COMPLICATIONS: (Check if present and known to be HD related)



R L

Ectropion lids
(outward turning lids)



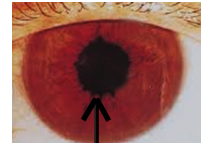
R L

Entropion lids
(inward turning lids)



R L

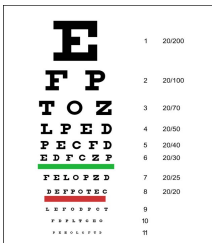
Trichiasis
(misdirected lashes rub on the cornea)



R L

Irregular shaped pupil

Section IV. VISUAL ACUITY: is tested using an eye chart



- Test each eye separately

- **20/200 or worse is considered "decreased"**

- If no chart available:use finger counting at 20 feet (8-9 steps)

VISUAL ACUITY	
Right ____	Left ____

Section VI. WHO Grade: check WHO grade level for each eye according to screen results

WHO Grade	DESCRIPTION	R	L
0	Normal blink		
1	Loss of protective sensation(delayed or absent blink) No HD deformity and Vision better than 20/200		
2	Loss of protective sensation (delayed or absent blink) + HD related deformity or decreased visual acuity (worse than 20/200)		

Examined by: _____ Date: _____

Entered by: _____ Date: _____