



Veteran

UIN

Insert condition(s):

1. Please record the veteran's **corrected visual acuity**.

Right Eye	Left Eye
<input type="text"/>	<input type="text"/>

2. Please select the most accurate description of any **visual field defects**.

Description	Right Eye	Left Eye
Normal fields.	<input type="checkbox"/>	<input type="checkbox"/>
Hemianopia (indicate if homonymous, binasal or bitemporal).	
Other visual field loss (please provide % loss).	%	%

3. Please describe any **abnormality of eye position or movement**. Consider nerve palsies, nystagmus, heterotropia, gaze defects, squints, etc. Please be as specific as possible.

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4. Please select **all** that apply in relation to any **lens disorders**.

Description	Select
None.	<input type="checkbox"/>
Cataract (in one or both eyes).	<input type="checkbox"/>
Intraocular lens (in one or both eyes).	<input type="checkbox"/>
Unilateral aphakia .	<input type="checkbox"/>
Bilateral aphakia .	<input type="checkbox"/>

5. Please select **all** that apply in relation to **anatomical changes of the eyelids**.

Description	Select
Uncorrected ectropion or entropion .	<input type="checkbox"/>
Ptosis or tarsorrhaphy resulting in partial closure of the eye.	<input type="checkbox"/>

6. Please select the most accurate description of any **conjunctivitis**.

Description	Select One
None.	<input type="checkbox"/>
Occasional: less than 6 separate episodes per year .	<input type="checkbox"/>
Intermittent: at least 6 separate episodes per year .	<input type="checkbox"/>
Chronic , with constant irritation.	<input type="checkbox"/>
Severe eye irritation, present at all times.	<input type="checkbox"/>

7. Please select the most accurate description of any **eye irritation** (excluding conjunctivitis).

Description	Select One
None.	<input type="checkbox"/>
Constant but mild .	<input type="checkbox"/>
Severe eye irritation, present at all times.	<input type="checkbox"/>

8. Does the veteran use lubricating eye drops on a daily basis? ☐ Yes ☐ No

9. Are there any other comments you would like to make regarding the impact of the veteran's visual or ocular condition(s)?

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10. Please list **all conditions** contributing to the reported impairment and indicate the **percentage contribution**. Include any previously known condition(s) and any new condition(s) you have identified. The contribution total must equal 100%.

Condition	Contribution %
e.g. Macular degeneration	75%
Total	100%

Doctor/Optomtrist's signature	Doctor/Optomtrist's name	Date	Time to complete form
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