



**“Red Eye” Patient Consultation Form**

**Section I: Patient Information** (Complete all data fields in block letters.)

<b>Name:</b>			<b>Sex:</b> Male <input type="checkbox"/>	
Surname _____ First name _____ Other _____			Female <input type="checkbox"/>	
<b>Home address:</b>			<b>Date of birth:</b>	
			DD MM YYYY	
<b>Occupation:</b>  (Write the name of the occupation)			<b>Age:</b>	
			Tel. no: _____ Mobile _____ Home _____	
<b>Student</b> <input type="checkbox"/>			<b>Name and address of school:</b>	
<b>Works in an office environment/ school</b> <input type="checkbox"/>			<b>Name and address of workplace:</b>	

**Section II: Clinical Data – Signs and symptoms** (Select appropriate box for each numbered sign or symptom.)

<b>Number of days of symptoms:</b>	<input type="checkbox"/> 1day	<input type="checkbox"/> 2days	<input type="checkbox"/> 3days	<input type="checkbox"/> 4days	<input type="checkbox"/> 5days	<input type="checkbox"/> 6days	<input type="checkbox"/> 7days	<input type="checkbox"/> Other (>7 days)
<b>1. Involvement:</b>	Unilateral <input type="checkbox"/>	Bilateral <input type="checkbox"/>	<b>2. Itching:</b> Yes <input type="checkbox"/> (+++ : Allergic Conj. likely, +: Viral Conj. likely) No <input type="checkbox"/> (Bacterial conj. is likely.)					
<b>3. Watery discharge:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>4. Purulent discharge:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, bacterial conjunctivitis is more likely but ONLY if itching is absent.)					
<b>5. Sticky eyelids:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>6. Swollen eyelids:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>7. Character of redness:</b>	Hyperaemic (Engorged blood vessels. Blood vessels clearly visible.)	Haemorrhagic (Complete redness with no blood vessels visible.)	Not red		<b>8. Eye pain:</b>			
<input type="checkbox"/> +	<input type="checkbox"/> ++	<input type="checkbox"/> +++	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, pain score between 1-10: _____ (If severe eye pain: viral or bacterial conjunctivitis is unlikely.)	
<b>9. Vision:</b>	Normal <input type="checkbox"/>	Blurred <input type="checkbox"/>	Abnormal <input type="checkbox"/>		<b>10. Pupils:</b> Equally reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/> (If non-reactive: consider Glaucoma, Iritis etc.)			
<b>11. Lens:</b>	Clear <input type="checkbox"/>	Affected/Opaque <input type="checkbox"/> (If affected refer to Ophthalmology.)						

**Section III: Diagnosis** (Select appropriate box)

<input type="checkbox"/> Viral Conjunctivitis – (Most common cause - Adenovirus)	<input type="checkbox"/> Allergic conjunctivitis
<input type="checkbox"/> Viral Conjunctivitis – Acute Haemorrhagic Conjunctivitis (Common cause - Coxsackie/Enterovirus)	<input type="checkbox"/> Conjunctivitis due to irritants
<input type="checkbox"/> Bacterial Conjunctivitis	<input type="checkbox"/> Conjunctivitis due to trauma
	<input type="checkbox"/> Other: _____

**Section IV: Management/ Discharge Plan** (Select appropriate box)

<input type="checkbox"/> Patient education brochure provided.	<input type="checkbox"/> Other : _____  (List management plan. Document any additional notes at back of this page.)
<input type="checkbox"/> Eye pad provided.	

Sick leave issued with effect from \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY) for: 1  2  3  4  5  days  
If symptoms do not improve within five days, patient has to be reviewed. Do not give more than 5 days of sick leave.

- **Note:** Elderly persons (especially on Timoptic): Consider Acute Glaucoma (Pain ++ ,eyeball tense ,pupil fixed mid-dilated ,vision affected).
- **Note:** Neonates (Up to age of 28 days): Consider Conjunctivitis Neonatorum (Chlamydia / Gonorrhoea).