

Eye Injury Snapshot 2007 Patient Data Form

Patient Information

Gender

1. Male
 2. Female

Age

1. Under 6
 2. 6 to 12
 3. 13 to 17
 4. 18 to 29
 5. 30 to 45
 6. 46 to 64
 7. 65 or older

Ethnicity

1. African-American
 2. Asian-American
 3. Caucasian
 4. Hispanic
 5. Native American
 6. Pacific Islander
 7. Other: _____

Past Ocular History

1. Negative/Normal
If yes, indicate:
 2. Previous eye injury
Previous eye surgery
 3. Lasik
 4. RK
 5. PRK
 6. Cataract
 7. Other surgery: _____
 8. Unknown

Injury Information

State region of the country injury occurred

1. North East (CT, MA, ME, NH, RI, VT)
 2. Middle Atlantic (NJ, NY, PA)
 3. East North Central (IL, IN, MI, OH, WI)
 4. West North Central (IA, KS, MN, MO, ND, NE, SD)
 5. South Atlantic (DC, DE, FL, GA, MD, NC, SC, VA, WV)
 6. East South Central (AL, KY, MS, TN)
 7. West South Central (AR, LA, OK, TX)
 8. Mountain (AZ, CO, ID, MT, NM, NV, UT, WY)
 9. Pacific (AK, CA, HI, OR, WA)

Location at time of injury

1. Home
 2. Office
 3. Farm
 4. Industrial Premises
 5. Recreational venue (other than sports)
 6. School
 7. Sports venue
 8. Street or Hwy
 9. Other: _____

Time of injury

1. Midnight to 3 a.m.
 2. 3:01 to 6 a.m.
 3. 6:01 to 9 a.m.
 4. 9:01 to 11:59 a.m.
 5. Noon to 3 p.m.
 6. 3:01 to 6 p.m.
 7. 6:01 to 9 p.m.
 8. 9:01 to 11:59 p.m.

Time of exam

1. Midnight to 3 a.m.
 2. 3:01 to 6 a.m.
 3. 6:01 to 9 a.m.
 4. 9:01 to 11:59 a.m.
 5. Noon to 3 p.m.
 6. 3:01 to 6 p.m.
 7. 6:01 to 9 p.m.
 8. 9:01 to 11:59 p.m.

Eyewear worn?

1. Not worn
 2. Contacts (hard lens)
 3. Contacts (soft lens)
 4. Street spectacles
 5. Safety spectacles
 6. Sports spectacles
 7. Unknown

Time elapsed between injury and treatment

1. Less than one hour 2. Several hours 3. Next Day 4. Several Days 5. Other: _____

Drug or alcohol use involved in injury

1. Yes
 2. No
 3. Unknown

Cause of injury

1. Accident
 2. Assault
 3. Intentional
 4. Unknown

If eye protection used, was eye protection broken?

1. Not broken
 2. Frame broken
 3. Lens broken
 4. Unknown

If motor vehicle crash - Were seatbelts worn?

1. Yes
 2. No
 3. Unknown

Agent causing injury

1. Airbag
 2. Furniture/Appliance
 3. Blunt object
 4. Sharp object
 5. Projectile object
 6. Household Chemical
 7. Industrial Chemical
 8. Finger, fist or other body part

9. Motor vehicle other than airbag
 10. Sports equipment
 11. Firearm
 12. Gun - other (Paintball, BB gun)
 13. Fireworks
 14. Other
 15. Unknown
State specific agent: _____

Airbag deployed?

1. Yes
 2. No
 3. Unknown

Patient Exam

Eye involved: OD OS OU

Specific Injury(ies). Check all that apply.

Skull:

- 1. Skull Fx
- 2. CNS Foreign body
- 3. Other: _____
- 4. Cannot be determined

Cornea:

- 1. Epith. Abrasion
- 2. Abrasion - rupture
- 3. Foreign body
- 4. Thermal burn
- 5. Chemical burn
- 6. Laceration
- 7. Other: _____

Sclera:

- 1. Laceration
- 2. Rupture
- 3. Foreign body
- 4. Other: _____
- 5. Cannot be determined

Orbit:

- 1. Rim Fx
- 2. Blow out Fx
- 3. Trimalar Fx
- 4. Foreign body
- 5. Orbital hemorrhage
- 6. Other: _____
- 7. Cannot be determined

Ant. Chamber:

- 1. Iritis
- 2. Hyphema
- 3. Foreign body
- 4. Vitreous in A.C.
- 5. Increased IOP (>23mmHg)
- 6. Other: _____
- 7. Cannot be determined

Vitreous:

- 1. Hemorrhage
- 2. Foreign body
- 3. Vit. prolapse through wound
- 4. Other: _____
- 5. Cannot be determined

Lids:

- 1. Ecchymosis
- 2. Lid laceration
- 3. Cannalicular laceration
- 4. Thermal burn
- 5. Chemical burn
- 6. Other: _____
- 7. Cannot be determined

Iris:

- 1. Sphincter tear
- 2. Dialysis
- 3. Angle recession
- 4. Prolapse
- 5. Other: _____
- 6. Cannot be determined

Retina:

- 1. Commotio
- 2. Hole
- 3. Tear
- 4. Detachment
- 5. CRAO
- 6. Choroidal rupture
- 7. Macular involved
- 8. Hemorrhage
- 9. Other: _____
- 10. Cannot be determined

Conjunctiva:

- 1. Chemosis
- 2. Sub Conj. Heme.
- 3. Laceration
- 4. Foreign body
- 5. Thermal burn
- 6. Chemical burn
- 7. Other: _____
- 8. Cannot be determined

Lens:

- 1. Cataract
- 2. Disruption
- 3. Subluxation
- 4. Dislocation
- 5. Extrusion
- 6. Other: _____
- 7. Cannot be determined

Optic Nerve:

- 1. Avulsion
- 2. Contusion
- 3. Other: _____
- 4. Cannot be determined

Treatment/Prognosis

Treatment provided

- 1. In the office
- 2. In the ER/ED
- 3. In the OR

Prognosis

(Estimate based on your experience and clinical findings)

- 1. Full visual recovery
- 2. Mild visual impairment (20/20 – 20/40)
- 3. Moderate visual impairment (20/50 – 20/200)
- 4. Legally blind (20/200 or less)
- 5. Blind
- 6. NLP
- 7. Eucleation

In your opinion, could this injury have been prevented by appropriate protective eyewear?

- 1. Yes
- 2. No
- 3. Uncertain

In your opinion, could this injury have been prevented by patient education?

- 1. Yes
- 2. No
- 3. Uncertain

After completing this form, please fax it back to **866.864.7090**