PAM Examination Patient Scenario Template Disease / Trauma Cases

Demographics Age, race, gender; occupation Chief complaint History of present illness Character/signs/symptoms: Location: Severity: Nature of onset: **Duration:** Frequency: **Exacerbations/remissions:** Relationship to activity or function: **Accompanying signs/symptoms:** Secondary complaints/symptoms Patient ocular history Family ocular history mother: father: Patient medical history **Medications taken by patient** Patient allergy history Family medical history mother: father: **Review of systems** Constitutional/general health: Ear/nose/throat: Cardiovascular: **Pulmonary: Endocrine: Dermatological:** Gastrointestinal: **Genitourinary:** Musculoskeletal: **Neurologic: Psychiatric:** Immunologic: Hematologic: **Mental status** Orientation: Mood: Affect: Clinical findings BVA: **Distance Near** OD: OS: Pupils: EOMs:

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Confrontation fields:
Slit lamp:
      lids/lashes/adnexa:
      conjunctiva:
      cornea:
      anterior chamber:
      iris:
      lens:
      vitreous:
IOPs:
Fundus OD:
      C/D:
      macula:
      posterior pole:
      periphery:
Fundus OS:
      C/D:
      macula:
      posterior pole:
      periphery:
Blood pressuré:
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Pulse: