WILLIAMS GROUP

8535 EXECUTIVE WOODS DR SUITE 600
LINCOLN, NE 68512
800.676.9076
INFO@THEWILLIAMSWAY.COM

SAMPLE TRIAGE FORM

Patient Name: **Phone # (today):**

Date & Time: **Staff Member Initials:**

Medical Insurance Provider:

Referred by: **Referral Source Phone #:**

Patient Complaint:

1. Description of the problem: Right Left Both

2. When did it start?

3. Onset? **SUDDEN** Gradual

4. Getting? **WORSE** Better STABLE

5. Has this occurred before? Yes NO

6. Any decrease in vision? **YES** No

7. Is vision blurry? YES No - SUDDEN Gradual
   Mild (smudgy)
   MODERATE (difficult to make things out)
   SEVERE (complete blur)
   Can you count fingers / See light / Loss of peripheral vision?

8. Eye Pain? **YES** No - Mild Moderate **SEVERE**
   Tender to touch around the eye? Eyelids? Inside the eye?
   Throbbing? Stabbing? Associated when blinking?
   Can you keep your eye open at all?

9. Flashes of lights? **YES** No - New? **YES** No

10. Floaters or spots? **YES** No - New? **YES** No

11. Burning? Mild Moderate **SEVERE**

12. Tearing? Mild Moderate **SEVERE**

13. Redness? YES No - Localized? Or broken blood vessels?
    Just on the white part? Eye lids? Affecting colored part of your eye?

14. Discharge or matted eyes? YES No
    Color of Discharge:

15. Do you wear contact lenses? YES No
    Do you currently have them in?

16. Itchy? Mild Moderate SEVERE
    Localized or all over?

17. Recent eye surgery? YES No
    What type?

18. Assessment of the patient's desire to be seen: **HIGH** Low

List other concerns:

Plan:

Appointment made? Yes No When:

If no, was the patient instructed to call back if symptoms change or become worse? Yes No Staff Initials: _____

Doctor's Review:

Dr. Initials: _____

INSTRUCTIONS to Staff: Please ask as many relevant questions above as possible and scan into patient file.

EMERGENCY APPOINTMENT NOW! If no doctor available in office or on-call, direct patient to the nearest emergency room.

* Sudden, painless loss of vision
* Chemical burn - have patient irrigate eye(s) under running water for 20 minutes before coming into office
* Potential penetrating injuries

URGENT = Appointment Today
* If any **BOLD "YES"** circled above

Possibly Urgent = Have tech or doctor contact patient within 2 hours - Potentially schedule tomorrow.
* If any CAPS circled (not **BOLD**)

Please note that this is a sample triage form and may need to be customized to meet the specific needs of your optometry practice. Additionally, it is recommended that you have your primary ECP review this form before using it with patients.