

Date

Emergency Advice Triage Record



Px name	D.O.B	Phone number	Customer number
Info taken by		Time of contact	
What is the problem?			Date of last test

How long have you had this issue?			
1-2-3- Days	Less than 1 week	Less than 1 month	Over a month

Which eye is affected?		
Right eye only	Left eye only	Affecting both eyes

Is there any pain?			
No discomfort	Irritable	Uncomfortable	Painful

Is there any redness?			
No redness	Mild redness	Moderate redness	Severe redness

CL wearer?	
Yes	No

Flashes?	
Yes	No

Floaters?	
Yes	No

Is there discharge?	
Yes	No

Is the discharge?	
Gunky	Watery

Double vision?	
Yes	No

Is your vision blurred?	Yes R / L / Both	No
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Is there discomfort or pain when looking at lights or in bright places (Photophobia)?			
None at all	Mild	Moderate	Severe

Other symptoms or Notes

Where is Px.?	Store	Phone	How to contact Px.	Waiting	Call back
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Optometrist urgency advice				Advice to patient if unable to be seen here			
Now	Today	Tomorrow	Routine	GP	Casualty	Other OO	Pharmacy

Notes / Advice given to patient

Professional advisor name and signature	
Patient informed of advice / Contacted by	
Appt. made?	Yes / No / NA
Appt. date and time	

Has the Px been advised on driving / removing any contact lenses etc?