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| Minor Eye Injuries Proforma | | | | | | | |
| Patient Name: | | | | | D.O.B: | | Telephone: |
| Patient Address: | | | | | | | |
| Event: | | | | | Date: | | Time: |
| How was the injury sustained? | | | | | | | |
| Assessment (Please Circle) | | | | | | | |
| Affected Eye Left/Right | Redness | Watering eyes | Pain Score: /10 | | | pH Prior to treatment (Normal 7.0-7.3) | |
| Other: | | | | | | | |
| Treatment: | | | | | | | |
| pH post treatment (Normal 7.0 – 7.3) | | | | Advice sheet given to patient yes/no | | | |
| Outcome: Patient discharged with advice | | | | Pt referred to Emergency Department | | | |
| Seen By: | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
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