



Augenärztlicher Befund

Dieses Formular soll die standardisierte Befunddokumentation im klinischen Alltag erleichtern.

Bitte nur routinemäßig erhobene Befunde eintragen, ein vollständiges Ausfüllen ist nicht erforderlich!



Patient: _____	Geburtsdatum: _____																																																												
Datum der ophthalmologischen Untersuchung: _____	Geschlecht: <input type="radio"/> weiblich <input type="radio"/> männlich																																																												
Klinische Symptome:																																																													
Diagnose :																																																													
Lokale Therapie (Medikament / Beginn)- RA	Lokale Therapie (Medikament / Beginn)- LA																																																												
Systemische Therapie (Medikament, z B. Prednisolon, Acetazolamid/ Beginn)																																																													
Visus <i>(Bitte für beide Augen und ggf. visusmindernde Komplikationen auf der Rückseite angeben)</i>																																																													
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Licht</td> <td style="border-bottom: 1px solid black;">FZ</td> <td style="border-bottom: 1px solid black;">HBW</td> <td style="border-bottom: 1px solid black;">1/50</td> <td style="border-bottom: 1px solid black;">1/35</td> <td style="border-bottom: 1px solid black;">1/20</td> <td style="border-bottom: 1px solid black;">1/10</td> <td style="border-bottom: 1px solid black;">0,08</td> <td style="border-bottom: 1px solid black;">0,1</td> <td style="border-bottom: 1px solid black;">0,12</td> <td style="border-bottom: 1px solid black;">0,16</td> <td style="border-bottom: 1px solid black;">0,2</td> <td style="border-bottom: 1px solid black;">0,25</td> <td style="border-bottom: 1px solid black;">0,32</td> <td style="border-bottom: 1px solid black;">0,4</td> <td style="border-bottom: 1px solid black;">0,5</td> <td style="border-bottom: 1px solid black;">0,63</td> <td style="border-bottom: 1px solid black;">0,8</td> <td style="border-bottom: 1px solid black;">1,0</td> </tr> <tr> <td>RA</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>LA</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>		Licht	FZ	HBW	1/50	1/35	1/20	1/10	0,08	0,1	0,12	0,16	0,2	0,25	0,32	0,4	0,5	0,63	0,8	1,0	RA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	LA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Uveitislokalisation aktuell	RA	LA	Uveitisbeginn	RA	LA	Uveitismanifestation	RA	LA
anterior	<input type="radio"/>	<input type="radio"/>	plötzlich/akut	<input type="radio"/>	<input type="radio"/>	Rötung, Schmerzen, Photophobie	<input type="radio"/>	<input type="radio"/>
intermediär	<input type="radio"/>	<input type="radio"/>	schleichend/unbemerkt	<input type="radio"/>	<input type="radio"/>	asymptomatisch oder äußerlich reizfrei	<input type="radio"/>	<input type="radio"/>
posterior	<input type="radio"/>	<input type="radio"/>	nicht bekannt	<input type="radio"/>	<input type="radio"/>			
Panuveitis	<input type="radio"/>	<input type="radio"/>						

Schweregrad der Entzündung

Tyndall (Grad)	RA	LA	Zellen/1 mm ² (Grad)	RA	LA
kein Tyndall (0)	<input type="radio"/>	<input type="radio"/>	< 1 (0)	<input type="radio"/>	<input type="radio"/>
gering (1+)	<input type="radio"/>	<input type="radio"/>	1-5 (0.5+)	<input type="radio"/>	<input type="radio"/>
moderat (2+)	<input type="radio"/>	<input type="radio"/>	6-15 (1+)	<input type="radio"/>	<input type="radio"/>
schwer (3+)	<input type="radio"/>	<input type="radio"/>	16-25 (2+)	<input type="radio"/>	<input type="radio"/>
massiv (4+)	<input type="radio"/>	<input type="radio"/>	26-50 (3+)	<input type="radio"/>	<input type="radio"/>
			> 50 (4+)	<input type="radio"/>	<input type="radio"/>

OCT RA _____ LA _____

Komplikationen	RA	LA		RA	LA
keine Komplikationen	<input type="radio"/>	<input type="radio"/>			
Bandkeratopathie der zentralen Hornhaut	<input type="radio"/>	<input type="radio"/>	Makulaödem wenn OCT erfolgt: zentrale foveale Dicke <input type="text"/> μg	<input type="radio"/>	<input type="radio"/>
Katarakt	<input type="radio"/>	<input type="radio"/>	Papillenödem	<input type="radio"/>	<input type="radio"/>
Hintere Synechien	<input type="radio"/>	<input type="radio"/>	Amblyopie/Strabismus	<input type="radio"/>	<input type="radio"/>
Okuläre Hypertension (Augendruck > 21 mmHg)	<input type="radio"/>	<input type="radio"/>	Okuläre Hypotonie (Augendruck < 6 mmHg)	<input type="radio"/>	<input type="radio"/>
Glaukom (mit Optikopathie u/o Gesichtsfelddefekten)	<input type="radio"/>	<input type="radio"/>	Andere Komplikationen (bitte angeben)	<input type="radio"/>	<input type="radio"/>
Glaskörpertrübungen	<input type="radio"/>	<input type="radio"/>	RA:		
			LA:		

Datum _____ Unterschrift _____

Stempel ausfüllenden Augenarztes