

## Amsler Grid Eye Test

Patient's Name: \_\_\_\_\_

Reference Record #: \_\_\_\_\_

Tel: (home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Stare at the black dot at the center of the grid with one eye. Repeat with the other eye:

- Are you able to see the corners and sides of the square? Yes / No \_\_\_\_\_
- Do you see any wavy lines? Yes / No \_\_\_\_\_
- Are there any holes or missing areas? Yes / No \_\_\_\_\_

