

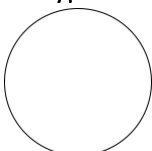
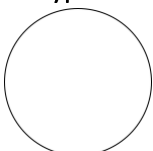
PATIENT FORM – 4

Patient Number 4
Family Name Sovann Somaly
Age 65
Province Siem Reap
Village NA
Reason for visit Eyes Blurry
 Hearing Aids
Mobile Number NA

Gender Females | ស្រី
Given Name/s: {Given Name/s:
 (KH/EN):6}
Patient has TB: No
District: Angkor Chum
Commune: NA

R L

PRE-SCREENING

UNAIDED / AIDED VA	RE 6/	LE 6/
PINHOLE VA	RE 6/	LE 6/
	RE	LE
IOP		
TIME		
ANTI-GLAUCOMA TX	DIAMOX	ALPHAGAN
		COMBIGAN
AUTO-Ks	RE 6/	LE 6/
AUTO Rx	RE 6/	LE 6/
R – Type of Cataract	L – Type of Cataract	
		
R Posterior	L Posterior	
☐ R CATARACT EXTRACTION	☐ L CATARACT EXTRACTION	
☐ R PTERYGIUM	☐ L PTERYGIUM	
☐ R TRACHOMA REPAIR	☐ L TRACHOMA REPAIR	
☐ R OTHER SURGERY	☐ L OTHER SURGERY	
Optomo Initials		

REFRACTION

SUBJ Rx	RE 6/	Add +	LE 6/	Add +
☐ GLASSES DISPENSED		☐ PRESCRIPTION GIVEN FOR UPDATE ELSEWHERE		

Other Comments:



PATIENT FORM – 4

Medical History

Heart Disease including

Chest Pain		Hypertension		Shortness of breath	
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Respiratory History including

Asthma		Cough		COPD	
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Metabolic History including

Diabetes		Thyroid Disease		Kidney Failure	
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Infections including

Skin		HIV		Hepatitis		Pulmonary TB	
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Additional History

Medications		Operations	
Mental Health		Allergies	

Tests

O2 Saturation		Temperature		Fasting Glucose	
BP		Pulse Rate		Heart Sound	

Other tests:

CXR		E.C.G.		Blood test	
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Clinical Examination

CVS		Respiratory		Anaemic/Jaundice	
Medications Dispensed					

Surgery Status

Can lay down for an hour		Is patient fit for surgery	
Patient needs to be reviewed for			

Consent to Eye Examination – Treatment – Surgery

Patient, Parent or Guardian was asked in the Khmer language if they agree/consent to examination and treatment of their eyes, or child's eyes, including placing of drops in to the eye and surgery if required, by the Cambodia Vision Ophthalmic Team. And in witness thereof Patient's or Guardian's signature or Mark/Thumb Print. All information is based on the persons Cambodian National Identity Card, where available, or oral enquiry of the person by the Cambodian registration team member.

Patient, Parent, or Guardian AGREES/CONSENTS to all of the above, Signed on 20/10/2024