

PATIENT FORM – 333

Patient Number 333

Gender Females | ស្រី

Family Name HEM VANNY

Given Name/s: {Given Name/s:
(KH/EN):6}

Age 72

Patient has TB: No

Province Kampong Cham

District: Krong Kampong Cham

Village N/A

Commune: N/A

R

L

Reason for visit Cataract |

Eyes Itchy (Right) |

Eyes Tearing (Right) |

Eyes Pain/Discomfort (Right)

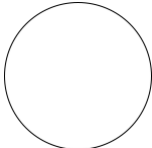
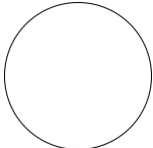
High Blood Pressure |

Cholesterol |

Arthritis |

Mobile Number 0962346650

PRE-SCREENING

UNAIDED / AIDED VA		RE 6/		LE 6/				
PINHOLE VA		RE 6/		LE 6/				
	RE	LE	RE	LE	RE	LE	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 – 333

Medical History

Heart Disease including					
Chest Pain		Hypertension		Shortness of breath	
Respiratory History including					
Asthma		Cough		COPD	
Metabolic History including					
Diabetes		Thyroid Disease		Kidney Failure	
Infections including					
Skin		HIV		Hepatitis	
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	

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