

PATIENT FORM – 357

Patient Number 357

Family Name KONG BUNTHAN

Age 66

Province Tboung Khmum

Village na

Reason for visit Cataract | កន្ទុយថ្លែន
Eyes Itchy (Right) | វែមាស់ភ្នែក ឆ្វា
Eyes Pain/Discomfort (Right) | ឈឺភ្នែក ឬ វែក (ឆ្វា)
Deaf | ឥដ្ឋង់
High Blood Pressure | ឈឺសំណាម
Gastritis | វែលាកក្រពះ
Arthritis | ឈឺសន្លាក់

Mobile Number 010664416

Gender Male | ប្រុស

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

Patient has TB: No

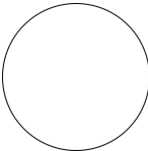
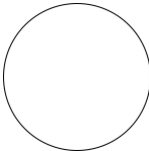
District: Tboung Khmum

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	
<input type="checkbox"/> R CATARACT EXTRACTION	<input type="checkbox"/> L CATARACT EXTRACTION	
<input type="checkbox"/> R PTERYGIUM	<input type="checkbox"/> L PTERYGIUM	
<input type="checkbox"/> R TRACHOMA REPAIR	<input type="checkbox"/> L TRACHOMA REPAIR	
<input type="checkbox"/> R OTHER SURGERY	<input type="checkbox"/> L OTHER SURGERY	
Optomo Initials		

REFRACTION

SUBJ Rx	RE 6/	Add +	LE 6/	Add +
<input type="checkbox"/> GLASSES DISPENSED		<input type="checkbox"/> PRESCRIPTION GIVEN FOR UPDATE ELSEWHERE		
Other Comments:				

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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			Pulmonary TB	
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.