

# PATIENT FORM – 36

**Patient Number** 36  
**Family Name** Mean Sophal  
**Age** 64  
**Province** Kampong Cham  
**Village** N/A  
**Reason for visit** Eyes Blurry Both  
 Itchy  
 Eyes Tearing  
 Heavy Hearing  
**Mobile Number** 0882930914

**Gender** Females | ស្រី

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

**Patient has TB:** No

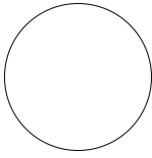
**District:** Chamkar Leu

**Commune:** N/A

# R

# L

## PRE-SCREENING

<b>UNAIDED / AIDED VA</b>	RE 6/		LE 6/	
<b>PINHOLE VA</b>	RE 6/		LE 6/	
	RE	LE	RE	LE
IOP				
TIME				
<b>ANTI-GLAUCOMA TX</b>	<b>DIAMOX</b>		<b>ALPHAGAN</b>	
			<b>COMBIGAN</b>	
<b>AUTO-Ks</b>	RE 6/		LE 6/	
<b>AUTO Rx</b>	RE 6/		LE 6/	
<b>R - Type of Cataract</b>			<b>L - Type of Cataract</b>	
	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	
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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 21/10/2024