# PATIENT FORM – 409

**Patient Number** 409

**Gender** Females | ស្ត្រី

**Family Name** Keam Sim

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

**Age** 75

**Patient has TB:** No

**Province** Kampong Cham

**District:** Krong Kampong Cham

**Village** NA

**Commune:** NA

R L

**Reason for visit** Eyes Blurry Distance | មើលឆ្ងាយព្រិល
Eyes Blurry Reading | មើលជិតព្រិល
Heavy Hearing | ត្រចៀកធ្ងន់
Arthritis | ឈឺសន្លាក់

**Mobile Number** 011779760

## 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 – 409

## 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 Opthalmic 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**