

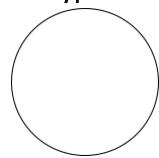
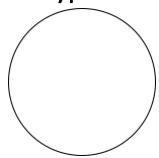
# PATIENT FORM – 502

Patient Number 502      Gender Females | ស្រី  
 Family Name Sam Sophal      Given Name/s: {Given Name/s:  
 (KH/EN):6}  
 Age 40      Patient has TB: No  
 Province Kandal      District: Kien Svay  
 Village NA      Commune: NA  
 Reason for visit Cataract | ការិតិយក្សោស  
 Mobile Number 016755911

R

L

## PRE-SCREENING

UNAIDED / AIDED VA	RE 6/	LE 6/							
PINHOLE VA	RE 6/	LE 6/							
IOP	RE	LE	RE	LE	RE	LE	RE	LE	
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:				

# PATIENT FORM – 502

## 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	

## 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 22/10/2024