

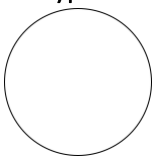
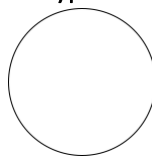
# PATIENT FORM – 502

**Patient Number** 502  
**Family Name** Sam Sophal  
**Age** 40  
**Province** Kandal  
**Village** NA  
**Reason for visit** Cataract | កញ្ចប់ផ្លែឆ្មៃ  
**Mobile Number** 016755911

**Gender** Females | ស្រី  
**Given Name/s:** {Given Name/s:  
(KH/EN):6}  
**Patient has TB:** No  
**District:** Kien Svay  
**Commune:** NA

R L

## PRE-SCREENING

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

# PATIENT FORM – 502

## 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.

Patient, Parent, or Guardian AGREES/CONSENTS to all of the above, Signed on 22/10/2024