PATIENT FORM – 1,124

Patient Number 1,124

Gender Females | ស្រី

Family Name Hy Kim Eng

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

Age 44

Patient has TB: No

Province Kampong Cham

District: Kang Meas

Village NA

Commune: NA

R L

Reason for visit Cataract | កន្ទុយថ្លែន
Eyes Blurry Reading | មើលជិតព្រិល
Eyes Itchy (Right) | រមាស់ភ្នែក ស្តាំ
Eyes Pain/Discomfort (Right) | ឈឺភ្នែក ឬ រកាំ (ស្តាំ)
Cholesterol | លើសជាតខ្លាញ់
Memorrhoids | កើតឬសដូងបាត
Arthritis | ឈឺសន្លាក់

Mobile Number 061898866

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:				

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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 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 23/10/2024