

PATIENT FORM – 954

Patient Number 954 **Gender** Females | ស្រី
Family Name HUY HEN **Given Name/s:** {Given Name/s:
 (KH/EN):6}
Age 77 **Patient has TB:** No
Province Kampong Cham **District:** Kampong Siem
Village NA **Commune:** NA
Reason for visit Eyes Itchy (Both) | រមាស់ភ្នែកសងខាង
 Eyes Tearing (Both) | ហូរទឹកភ្នែកសងខាង
 STICKY EYES
 Hearing Aids | ត្រូវការឧបករណ៍ជំនួយការស្តាប់
 Heavy Hearing | ត្រូវជៀកឆ្ងុះ
 High Blood Pressure | លើសឈាម
 Gastritis | វិលាកក្រពះ
 Memorrhoids | កើតប្លសដូងបាត
 Arthritis | ឈឺសន្លាក់
Mobile Number 0975630252

R L

PRE-SCREENING

UNAIDED / AIDED VA	RE 6/	LE 6/
PINHOLE VA	RE 6/	LE 6/
	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 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 24/10/2024