

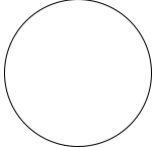
PATIENT FORM – 2,335

Patient Number 2,335 **Gender** Females | ស្រី
Family Name Heng Srey Pich **Given Name/s:** {Given Name/s:
 (KH/EN):6}
Age 43 **Patient has TB:** No
Province Kampong Cham **District:** Krong Kampong Cham
Village NA **Commune:** NA
Reason for visit Eyes Blurry Reading | មើលជិតព្រិល
 Eyes Itchy (Both) | រមាស់ភ្នែកស្រងាង
 Eyes Pain/Discomfort (Both) | ឈឺភ្នែក ឬ រកាំ (សងខាង)
Mobile Number 0769997666

R

L

PRE-SCREENING

UNAIDED / AIDED VA	RE 6/		LE 6/	
PINHOLE VA	RE 6/		LE 6/	
	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	
<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 – 2,335

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