PATIENT FORM - 2,759



Patient Number 2,759 Gender Females l ស្រី

Family Name CHUP MAO Given Name/s: {Given Name/s:

(KH/EN):6}

Age 56 Patient has TB: No

Province Kampong Cham District: Krong Kampong Cham

Village NA Commune: NA

Mobile Number 0889107654

PRE-SCREENING

UNAIDED / AIDED VA			RE 6/				LE 6/						
PINHOLE VA			RE 6/					LE 6/					
	RE	LE		RE	LE		RE		LE		RE	L	E
IOP													
TIME													
ANTI-GLAUCOMA TX		DIAN	мох			ALPHAGAN				COMBIGAN			
AUTO-Ks		1	RE 6/				L	E 6/					
AUTO Rx			RE 6/				L	E 6/					
R – Type of Cataract						- Type of Ca	atara	ct					
R Posterior					LF	Posterior							
☐ R CATARACT EXTRACTION	N					L CATARAC	T EXT	TRACTION					
☐ R PTERYGIUM						☐ L PTERYGIUM							
☐ R TRACHOMA REPAIR	A REPAIR ☐ L TRACHOMA REPAIR												
☐ R OTHER SURGERY						L OTHER SI	JRGEI	RY					
Optomo Initials													

REFRACTION

				Vision
SUBJ Rx	RE 6/	Add +	LE 6/	Add +
☐ GLASSES DISPENSED		☐ PRESCRIPTION GIVE	EN FOR UPDATE ELSEWHERE	
Other Comments:				

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Medical History

Heart Disease including										
Chest Pain			Hypertension					Shortn	ess of breath	
Respiratory History including										
Asthma			Cough					COPD		
Metabolic History including										
Diabetes			Thyroid Disease				Kidney	Failure		
Infections including										
Skin		HIV		Hepatitis		Hepatitis			Pulmonary TB	
Additional History	Additional History									
Medications						Operations				
Mental Health						Aller	gies			

Tests

O2 Saturation	Tempe	Temperature		Fasting Glucose	
ВР	Pulse I	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.