

Postoperative Assessment Form for Laser Vision Correction

Wellington Eye Centre

Patient details:

<p>Full name <input style="width: 90%;" type="text"/></p> <p>Contact phone <input style="width: 90%;" type="text"/></p> <p>Address <input style="width: 90%; height: 60px;" type="text"/></p> <p>Visit <input style="width: 150px;" type="text"/></p>		<p>Date of birth <input style="width: 90%;" type="text"/></p> <p>Date of surgery <input style="width: 90%;" type="text"/></p> <p>Date of this examination <input style="width: 90%;" type="text"/></p>
		<p>Patient satisfaction scale (0 = very unhappy, 10= very happy) <input style="width: 80px;" type="text"/></p>

Patient's comments or concerns:

Examining optometrist's comments or concerns:

Clinical Examination

	Right Eye	Left Eye
ACUITY AND REFRACTION		
Uncorrected acuity	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Manifest refraction	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Best Corrected Acuity	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
CORNEAL & CONJUNCTIVE APPEANCE		
Corneal epithelium intact?	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Corneal epithelium clear / regular?	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Any stromal haze or scarring?	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
VISUAL PERFORMANCE		
Any loss of contrast?	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Any monocular diplopia?	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Any night vision issues?	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

OCCULAR COMFORT

Dry or gritty eyes

Catching sensation on waking?

Referring optometrist and practice details:

This form can be submitted by email, fax or post as follow:

Email: info@wefixeyes.co.nz

Fax: 043857333

Wellington Eye Centre
Level 4, 148 Cuba Street
Wellington, 6011

If you have any questions, please contact us on 0800 733 327