

# Postoperative Assessment Form for Laser Vision Correction

## Wellington Eye Centre

**Patient details:**

<p>Fullname <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>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>Visit (eg; 1 week, 1 / 3 /6 month) <input style="width: 90%;" type="text"/></p>
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Patient satisfaction scale (0=very unhappy, 10=very happy)

Patient's comments or concerns:

Examining optometrist's concerns or questions for Wellington Eye Centre:

### Clinical Examination

	OU distance	OU near	Right Eye	Left Eye
<b>ACUITY &amp; REFRACTION</b>				
Uncorrected acuity	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 240px;" type="text"/>	<input style="width: 240px;" type="text"/>
Manifest refraction Best			<input style="width: 240px;" type="text"/>	<input style="width: 240px;" type="text"/>
Corrected Acuity			<input style="width: 240px;" type="text"/>	<input style="width: 240px;" type="text"/>
<b>CORNEAL &amp; CONJUNCTIVAL APPEARANCE</b>				
Corneal epithelium intact?		<input style="width: 80px;" type="text"/>	<input style="width: 240px;" type="text"/>	<input style="width: 240px;" type="text"/>
Corneal epithelium clear / regular? Any		<input style="width: 80px;" type="text"/>	<input style="width: 240px;" type="text"/>	<input style="width: 240px;" type="text"/>
stromal haze or scarring?		<input style="width: 80px;" type="text"/>	<input style="width: 240px;" type="text"/>	<input style="width: 240px;" type="text"/>
Tear Break Up Time			<input style="width: 240px;" type="text"/>	<input style="width: 240px;" type="text"/>

**VISUAL PERFORMANCE**

Any loss of contrast?

Any monocular diplopia?

Any night vision issues?

**OCCULAR COMFORT**

Dry or gritty eyes

Catching sensation on waking?

Examining optometrist's advice to patient (any changes to eye drops, next review):

Referring Optometrist's name and practice details:

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

**info@wefixeyes.co.nz**

Fax: 04 385 7333

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

Thank you for your care of our mutual patient. If you have any questions, please don't hesitate contact us on 0800 733 327