

Clinical Assessment Form for Laser Vision Correction

Wellington Eye Centre

Patient details:

Full name

Contact phone

Address

Email address

Date of birth

Gender

Motivation for surgery

History of eye disease

Corneal ulcers

Dry eye symptoms

Night glare/haloes

Cold sores/herpes simplex

Family history

Any family history of eye disease

Anyone in family had keratoconus or corneal transplant?

General health

History of rheumatoid arthritis or other connective tissue disease?

List all current medications:

Clinical Examination

| | | Right Eye | Left Eye |
|---------------------------------|--|--|--|
| Previous Spec Refraction (date) | <input style="width: 80px; height: 25px;" type="text"/> | <input style="width: 230px; height: 25px;" type="text"/> | <input style="width: 230px; height: 25px;" type="text"/> |
| Uncorrected acuity | | <input style="width: 230px; height: 25px;" type="text"/> | <input style="width: 230px; height: 25px;" type="text"/> |
| Subjective Refraction | <input style="width: 80px; height: 25px;" type="text"/> | <input style="width: 230px; height: 25px;" type="text"/> | <input style="width: 230px; height: 25px;" type="text"/> |
| Best Corrected Acuity | | <input style="width: 230px; height: 25px;" type="text"/> | <input style="width: 230px; height: 25px;" type="text"/> |
| Central Corneal Ks | <input style="width: 120px; height: 25px;" type="text"/> | <input style="width: 230px; height: 25px;" type="text"/> | <input style="width: 230px; height: 25px;" type="text"/> |
| Intraocular pressure | | <input style="width: 230px; height: 25px;" type="text"/> | <input style="width: 230px; height: 25px;" type="text"/> |

CORNEAL & CONJUNCTIVAL APPEARANCE

| | | | |
|-------------------------------------|---|---|---|
| Corneal scars or opacities | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> |
| Vascularisation | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> |
| Punctate fluorescein staining (PTO) | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> |

DILATED FUNDAL EXAMINATION

Disc appearance normal

Macula & Retina normal

Referring optometrist and practice details:

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

Email: info@wefixeyes.co.nz

Fax: 04 385 7333

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

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