

Clinical Assessment Form for Laser Vision Correction

Wellington Eye Centre

Patient details:

Fullname

Email address

Contact phone

Date of birth

Address

Gender

Motivation for surgery

History of eye disease

Corneal ulcers

Dry eyes 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

	Date	Right Eye	Left Eye
Previous Spec Refraction (date)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Uncorrected acuity		<input type="text"/>	<input type="text"/>
Subjective Refraction		<input type="text"/>	<input type="text"/>
Best Corrected Acuity		<input type="text"/>	<input type="text"/>
Central Corneal Ks		<input type="text"/>	<input type="text"/>
Intraocular pressure		<input type="text"/>	<input type="text"/>

CORNEAL & CONJUNCTIVAL APPEARANCE

		Right Eye	Left Eye
Corneal scars or opacities	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vascularisation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Punctate fluorescein staining	<input type="text"/>	<input type="text"/>	<input type="text"/>

(continued overleaf)

DILATED FUNDAL EXAMINATION

Disc appearance normal

Macula & Retina normal

Any signs of developing lens opacities

Referring optometrist and practice details:

Right Eye

Left Eye

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

Email: info@wefixeyes.co.nz

Dr Andrew Logan
Wellington Eye Centre
Level 4, 148 Cuba Street
Wellington, 6011

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