Clinical Assessment Form for Laser Vision Correction

Wellington Eye Centre

Patient details:

Full name

Contact phone

Address

Email address

Date of birth

Gender

Date of examination

History of eye disease

Corneal ulcers

Dry eye symptoms

Night glare/haloes

Cold sores/herpes simplex

Eye injury/trauma

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			
Uncorrected acuity			
Subjective Refraction			
Best Corrected Acuity			
Central Corneal Ks			
Intraocular pressure			

Do you think the patient has good quality corrected vision with glasses or contacts in each eye?

What is the patients motivations for surgery?

Please attach corneal topography if available.

(continued overleaf)

CORNEAL & CONJUNCTIVAL APPEARANCE

	Right Eye	Left Eye
Corneal scars or opacities		
Vascularisation		
Punctate flourescein staining		

DILATED FUNDAL EXAMINATION

	Right Eye	Left Eye
Disc appearance normal		
Macula & Retina normal		
Any signs of developing lens opacities		

Referring optometrist and practice details:

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