

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/surgery

Family history

Any family history of eye disease

Anyone in the 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

Uncorrected acuity

Subjective Refraction (incl prism)

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

Corneal scars or opacities (please describe location)

Vascularisation

Punctate flourescein staining (please grade severity)

Right Eye

Left Eye

FUNDAL EXAMINATION

Disc appearance normal

Macula & Retina normal

Any signs of developing lens opacities (please grade)

Right Eye

Left Eye

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 04 385 8833