

**Post-Operative Assessment Form for  
Laser Vision Correction  
Wellington Eye Centre**

**Patient details:**

Full name	<input type="text"/>	Email address	<input type="text"/>
Contact phone	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>	Date of examination	<input type="text"/>
		Visit (eg; 1 week, 1/3/6 month)	<input type="text"/>

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**

**ACUITY & REFRACTION**

	OU distance	OU near	Right Eye	Left Eye
Uncorrected acuity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Distance Refraction			<input type="text"/>	<input type="text"/>
Best Corrected Acuity			<input type="text"/>	<input type="text"/>

**CORNEAL & CONJUNCTIVAL APPEARANCE**

Please describe if present: SPK	<input type="text"/>	<input type="text"/>
Corneal epithelium clear / regular?	<input type="text"/>	<input type="text"/>
Any stromal haze or scarring?	<input type="text"/>	<input type="text"/>
Tear Break Up Time	<input type="text"/>	<input type="text"/>

**VISUAL PERFORMANCE**

Yes/No and comments:

Any diplopia?

Any night vision issues?

**OCCULAR COMFORT**

	Yes/No	Right Eye	Left Eye
Dry or gritty eyes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Catching sensation on waking?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Every laser vision correction patient has had a dilated retinal examination with Dr Logan within 12 months of their surgery. We do not need posterior ocular health assessments, unless you find unexplained reduced best corrected vision. We do not require retinal photographs, posterior OCT or topography unless indicated. If you would like more clinical information, eg IOPs or Posterior findings, please email [info@wefixeyes.co.nz](mailto:info@wefixeyes.co.nz)

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

Reporting Optometrist's details:

Name:
Practice Name:
Email address:

Please return this form by email:

[info@wefixeyes.co.nz](mailto:info@wefixeyes.co.nz)

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 04 385 8833