XV. Written format of ophthalmic admission records:

**China-Cambodia First Hospital**

Admission records

Name: Section: Bed Number: Hospital Number: Ward Area:

Name: Occupation:

Gender: Work unit:

Age: Address:

Marriage: history: reliability:

Place of birth: time of admission: year Day of the month Time.

Ethnicity: Record Time: Year Day of the month Time.

Illness History

Main complaint:

Current medical history:

Past history: general:

History of disease and surgical trauma:

History of infectious diseases and vaccination:

History of drug allergy:

Personal History:

Family history:

**Body Examinations Cha.**

T° C P times/minute R times/minute BP mmHg,mmHg

General:

Skin mucosa:

Superficial lymph nodes:

Head:

Neck:

Chest: Lung:

Heart:

Abdomen:

Anal and external genitalia:

Spine and extremities:

Nerve reflexes:

Special Section Inspection Cha.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Eye: | Right | | | | | | Left | | | | | |
| Vision: | Far away |  | Near |  | Correction |  | Far away |  | Near |  | Correction |  |
|  | Light Positioning | | | | color discrimination | | Light Positioning | | | | color discrimination | |
| Eye pressure: | mmHg | | | | | | mmHg | | | | | |
| Eyelids: |  | | | | | |  | | | | | |
| Lacrimal apparatus: |  | | | | | |  | | | | | |
| conjunctiva: |  | | | | | |  | | | | | |
| Sclera: |  | | | | | |  | | | | | |
| 角膜： |  | | | | | |  | | | | | |
| Front Room: |  | | | | | |  | | | | | |
| Iris: |  | | | | | |  | | | | | |
| Pupils: |  | | | | | |  | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | Lens: | |  | |  | | Vitreous: | |  | |  | | Fundus: | |  | |  | |  | | 未命名-2 | 未命名-11 |
|  |  |  |
| Eye movement:  Other: |  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Supplementary Medical assistance Cha.

Outpatient and out - of - hospital key auxiliary examination results (including examination items, medical institution name, date, results).

Initial diagnosis:

Signature of physician:

Year Month Day Time Points

Admission diagnosis:

Signature of physician:

Year Month day Time Points