

**SURNAMES (Block Letters)**  
Boateng

**FIRST NAMES**  
Bernard

**Sex**  
14

**PHONE NUMBER**.....0244604495

**ADDRESS OR RESIDENTIAL**.....Kissinger Baptist Akocse P.O. Box 33

**OCCUPATION**  
Student

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
			—

**DATE OF BIRTH**  
December 14 2001

**PLACE OF BIRTH**  
Juaben

**ANY ALLEGIC REACTION TO MEDICINE**

**NATIONALITY**  
Ghanaian

**RELIGION**  
Evangelical

**DATE OF FIRST ATTENDANCE**  
29-08-2017

<b>NEXT OF KIN</b>	<b>ADDRESS OR PHONE No. OF NEXT OF KIN</b>



# INTERVIEW CLINIC & LASER CENTRE

NAME Bernard Boateng

CARD NUMBER 17915

DATE 29/8/17

ch: involuntary movement of eyeballs in BE since childhood.  
 Pain  $\phi$ , redness  $\phi$ , itching  $\phi$ , Specs<sup>+</sup> (stopped - not helpful)  
 SCD  $\phi$ , Asthma  $\phi$

VR: 6/12<sub>ue</sub> NT<sub>PA</sub>

VR: 6/18<sup>-2</sup><sub>ue</sub> NT<sub>PA</sub>

pendular Nystagmus

pendular Nystagmus

⊙ - hnd - ⊙  
 - - long - -

clear - Green - clear

na - All - na

NR - hnd - NR

clear - lens - clear

to 0.5 - focus - to 0.5

Imp 1. Bil Nystagmus  
 2. Amblyopia

Dr. Connell  
 2. See SOS

Ref

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION	
6/12 ue	6/R +4.00 / -0.50 x 90 (NI) = 6/12	R	L
6/18 ue	6/L +3.50 / -0.75 x 90 (NI) = 6/18-2	Rdg ADD	= N
MUSCLE BALANCE		RETEST DATE	
<u>Auto</u> R +4.25 / -0.50 x 77 L +3.50 / -1.25 x 117			