

The Aga Khan Hospital, Mombasa

An Institution of the Aga Khan Health Service, Kenya Quality | Access | Affordable

Quanty Access Anordaoic							Sex:			
EXAM FORM						Referring Physician:				
☐ Glasses ☑ Contacts: ☐ Previous		L			Date					
☐ Glasses ☑ Contacts: ☐ Previous wearer ☐ New wearer Insurance: ☐						DFE		Appt		
							lergies:	Аррі	VVI	
Medications: CC: □ Dist blur Near blur Headacl	nes Red eye	os Ri	ırning 🗌 Itch	N AVAS	Waterv	eyes		Flashes	Floaters	
CC. Dist blui Near blui Headach	ies neu ey	E3 D0	irining 🗀 itter	iy cycs	vvatery	Cycs	Lyc pain	riasiics	i louter.	
HPI:										
LEE: LME:		Occu	ıp:		Comp	Use:				
PMHx/POHx:	Diabetes			HT	N		Cho	lesterol		
CLHx: Previous brand:		BC:		Previou	s CL powe					
Commant Coas Doug Date:	Aided	l DVA	Aided N	/Δ	Unaided D	OS DVA	Unaided NV	Δ		
Current Spec Rx: Date:		0/				OD: 20/		INPC		
OS:		0/	,	· · · · · · · · · · · · · · · · · · ·		OS: 20/		🗆 דד	N	
dd: Lens type: OU: 20/					OU:20/		OS: 20/ OU: 20/			
		EOM:				Test: ∡cc ☐s	sc Ishiha	ara Color:		
=	9		I FROM OU	FROM OU 🗓 Perrl (-		Dist: _		-	/14	
	TFC / 🗵 Restri					Near:		OS:	/14	
	uto-Refraction PD: Keratometry D: OD:			Cycloplegic Refract						
OD:			OD:							
OS: Manifest Refraction 20/	OS: 202 OU	1	Add Power/ An	anc @ E	OS: NRA:		Dist Phoria	Noar	Phoria	
OD: Xnnnnnnnnnnnnnnnn 20/				0/202	PRA:		H:	H:	PIIUIIa	
	202 PH 20/		OS: nnnnn 2				V:	V:		
Contact Lens Fitting / Additional Tests: 🗓					I) Domina	ant OS D)ominant		
CL Brand: OD	Fit:					20				
OS										
CL Power: OD										
OS Clib Larga France / France lar	I I		1						75.0	
Slit Lamp Exam / Externals: Unremarkable				Internals: ☑Undilated ☐Dilated ☐90D ☐78D ☐DO ☐BIO						
				-	-	-	□ pm □	Pt decline	d Dilation	
				<u> </u>	_			_	a Bilacion	
0D										
Tears: ☐ Clear ☑ OD ☐ OS ☐ mmmmr	-									
Lids/Lashes: ☑ Clear ☐ OD ☐ OS ☐ mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm										
Palp conj: ☑ W/Q ☐ OD ☐ OS ☐ mmmi	C/D ratios	C/D ratios: OD: OS OS: mmmmm_								
Bulbar conj: ☒ W/Q ☐ OD ☐ OS ☐ mn	-	Disc: ☒ Pink/Distinct ☐ OD ☐ OS ☐								
A/C: ☐ Deep/Q ☑ OD ☐ OS mmmmm		Macula: ☐ Flat/Intact ☐ OD ☐ OS ☐ mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm								
Lens: □Clear 図OD □OS □ mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm		Vessels: ▼ 2/3 □ OD □ OS □ mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm								
Iris: ☐ Flat/Intact ☑ OD ☐ OS ☐mm	_ Vitreous: 🛚	Vitreous: ☐ Clear ☐ OD ☐ OS ☐ mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm								
Angles: □4 🗷3 □OD □OS mmmm	Periphery:	Periphery: No breaks/tears/holes □ OD □ OS □								
Assessment:			Plan:							
1) ☐ Emmetropia ☐ Hyperopia ☒ My	1) 🗷 Spec	1) 🗷 Spec Rx released. 🗆 CLRx released. 🗆 1st time CL teach.								
□ Presbyopia □ mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm	🗷 Adaptat	oximes Adaptation. $oximes$ Full-time wear. $oximes$ Distance only. $oximes$ Near only.								
2) Binocularity: \square Unremarkable \square $$	☐ Pt ed ris	☐ Pt ed risk of infection, CL hygiene and cleaning with mmmmmmm								
3) Ocular Health: Unremarkable x	2)									
4)		3) hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh								
5) ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4) ptc. v	4) RTC: x <u>ijj</u> wk/								
6) mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm										
Spectacle Rx <u>mmmmmmmmmmm</u> PD				Contacts Rx ☑ CLRx released ☐ Dispensed trials ☐ Order trials						
OD mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm			_	OD mmmmmmm BC: Mmm2 Diam: Mmm23 OS: mmmmmmmm BC: Mmm2 Diam: Mmm23						
Add: mmmmmm Lens type: mmmmr		OD: mmmmmmm OS: Mmm23								
Doctor's Signature:										
-										

Surname: ____

AM No.

Other Names: