



PRE-OPERATIVE REFRACTIVE ASSESSMENT

Please Print legibly and tick as required.

Patient's name _____ Referring Optometrist _____

Address _____ Address _____

DOB _____ Phone _____

Phone (h) _____ (w) _____ (mobile) _____

Occupation _____

General medical health Good Details _____

Regular medication _____

Any allergies? No Yes - List details _____

Family history - medical and ocular _____

Past ocular history - medical and surgical _____

EXAMINATION

	Right (OD)	Left (OS)
Current spectacle refraction		
Add - if applicable		
If wearing contacts state type		
Is refraction stable?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Current refraction (incl. BVD if >6 dioptres)		
Visual acuity with current refraction	6/	6/
Keratometry (dioptres, axis)		
Slit lamp exam <input type="checkbox"/> Normal Any Abnormalities		
Intraocular pressure	mmHg	mmHg
Fundoscopy - <input type="checkbox"/> Dilated <input type="checkbox"/> Non dilated Any Abnormalities		

Why is the patient interested in refractive surgery? _____

Any particular comments as to the patient's suitability for surgery? _____

This patient is referred to Dr Gray Dr Hadden Dr Morris Dr Ring Dr Watson
 any of Eye Institute's refractive surgeons

Signed _____ Date _____



PRE-OPERATIVE REFRACTIVE ASSESSMENT

Please Print legibly and tick as required.

Patient's name _____ Referring Optometrist _____

Address _____ Address _____

DOB _____ Phone _____

Phone (h) _____ (w) _____ (mobile) _____

Occupation _____

General medical health Good Details _____

Regular medication _____

Any allergies? No Yes - List details _____

Family history - medical and ocular _____

Past ocular history - medical and surgical _____

EXAMINATION

	Right (OD)	Left (OS)
Current spectacle refraction		
Add - if applicable		
If wearing contacts state type		
Is refraction stable?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Current refraction (incl. BVD if >6 dioptres)		
Visual acuity with current refraction	6/	6/
Keratometry (dioptres, axis)		
Slit lamp exam <input type="checkbox"/> Normal Any Abnormalities		
Intraocular pressure	mmHg	mmHg
Fundoscopy - <input type="checkbox"/> Dilated <input type="checkbox"/> Non dilated Any Abnormalities		

Why is the patient interested in refractive surgery? _____

Any particular comments as to the patient's suitability for surgery? _____

This patient is referred to Dr Gray Dr Hadden Dr Morris Dr Ring Dr Watson
 any of Eye Institute's refractive surgeons

Signed _____ Date _____