

# CK Pre-op Examination Form

SEA Record of Medical Care



Date of Last Eye Exam: \_\_\_\_\_ Optometrist: \_\_\_\_\_

Prime Motivation for Treatment: \_\_\_\_\_

Age of Current Spectacle Rx: \_\_\_\_\_

Does Patient Wear Contact Lenses?  YES  NO

Contact Lens Type/Brand: \_\_\_\_\_

Number of Years in Contacts: \_\_\_\_\_

Daily Wear  Extended Wear

Date Contacts Last Worn: \_\_\_\_\_

Ocular History: \_\_\_\_\_

Ocular Medications: \_\_\_\_\_

OD	OBJECTIVE VA SC	OS
20/_____ Distance	Distance 20/_____ OU	Distance 20/_____
20/_____ Near	Near 20/_____ OU	Near 20/_____
20/_____ OD	<b>WRx</b> OS _____	20/_____
20/_____ ADD	ADD _____	20/_____
20/_____ OD	<b>R / AR</b> OS _____	20/_____
20/_____ OD	<b>MR</b> OS _____	20/_____
20/_____ OD	<b>NMR</b> OS _____	20/_____
20/_____ OD	<b>CR</b> OS _____	20/_____

Clear _____ @ _____ OD	<b>K's</b> OS _____ @ _____	Clear
Distorted _____ @ _____ OD	OS _____ @ _____	Distorted
_____ Atch OD	<b>TOPO</b> OS Atch _____	

+ / - APD _____ + Rxn _____ mmD _____ mmL OD	<b>PUPILS</b> OS _____ mmD _____ mmL _____ + Rxn + / - APD
_____ OR / UR / Full OD	<b>MOT</b> OS Full / UR / OR _____
_____ CONST / FTFC OD	<b>CF</b> OS FTFC / CONST _____
_____ OD	<b>Ocular DOM</b> OS _____

PACHYMETRY	
_____ / _____ / _____ OD	<b>Central</b> OS _____ / _____ / _____
_____ / _____ / _____ OD	<b>3:00 @ 6mm OZ</b> OS _____ / _____ / _____
_____ / _____ / _____ OD	<b>6:00 @ 6mm OZ</b> OS _____ / _____ / _____
_____ / _____ / _____ OD	<b>9:00 @ 6mm OZ</b> OS _____ / _____ / _____
_____ / _____ / _____ OD	<b>12:00 @ 6mm OZ</b> OS _____ / _____ / _____

20/_____ LO 20/_____ MED 20/_____ HI OD	<b>BAT</b> OS LO 20/_____ MED 20/_____ HI 20/_____
@ _____ am / pm _____ mmHg PEN / TAG OD	<b>IOP</b> OS TAG / PEN _____ mmHg @ _____ am / pm

Dilated: OD / OS / OU M.5% / 1% / N 2.5% / 10% / C 1% @ \_\_\_\_\_ am / pm

Tech: \_\_\_\_\_ Time In: \_\_\_\_\_ Page: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_ Gender:  Male  Female

# CK Pre-op Examination Form (cont)

SEA Record of Medical Care



## OBJECTIVE (cont)

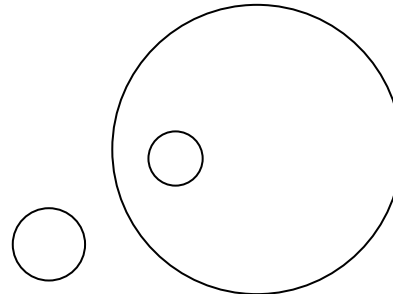
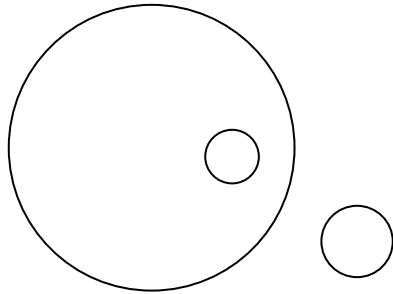
SLE / OPHT



\_\_\_\_\_ Deep Set / Prom Brow / NL  
 \_\_\_\_\_ Positive / Negative  
 \_\_\_\_\_ OK  
 \_\_\_\_\_ Decrease TBUT / NL  
 \_\_\_\_\_ Meib Caps / Debris / NL  
 \_\_\_\_\_ Inj / Papillae / Ping / NL  
 \_\_\_\_\_ Stain / Pteryg / Arcus / NL  
 \_\_\_\_\_ Flare / Cells / Shallow / NL  
 \_\_\_\_\_ Neo / Atrophy / Irreg Pupil / NL  
 \_\_\_\_\_ CS / \_\_\_\_\_ PSC / \_\_\_\_\_ NS / NL  
 \_\_\_\_\_ Decentered / Centered / NL  
 \_\_\_\_\_ Folds / Haze / Open / NL  
 \_\_\_\_\_ PVD / Syneresis / NL  
 \_\_\_\_\_ / NL  
 \_\_\_\_\_ Edema / Drusen / Mottling / NL  
 \_\_\_\_\_ Attenuation / Tortuosity / NL  
 \_\_\_\_\_ RPE Changes / Drusen / NL

**Anatomy** \_\_\_\_\_  
**Scleral Thin** \_\_\_\_\_  
**Corn. Integ.** \_\_\_\_\_  
**TF** \_\_\_\_\_  
**EXT** \_\_\_\_\_  
**CONJ** \_\_\_\_\_  
**CORN** \_\_\_\_\_  
**AC** \_\_\_\_\_  
**IRIS** \_\_\_\_\_  
**LENS** \_\_\_\_\_  
**IOL** \_\_\_\_\_  
**PC** \_\_\_\_\_  
**VIT** \_\_\_\_\_  
**DISC** \_\_\_\_\_  
**MAC** \_\_\_\_\_  
**BV** \_\_\_\_\_  
**PRA** \_\_\_\_\_

NL / Prom Brow / Deep Set \_\_\_\_\_  
 Negative / Positive \_\_\_\_\_  
 OK \_\_\_\_\_  
 NL / Decrease TBUT \_\_\_\_\_  
 NL / Debris / Meib Caps \_\_\_\_\_  
 NL / Ping / Papillae / Inj \_\_\_\_\_  
 NL / Arcus / Pteryg / Stain \_\_\_\_\_  
 NL / Shallow / Cells / Flare \_\_\_\_\_  
 NL / Irreg Pupil / Atrophy / Neo \_\_\_\_\_  
 NL / NS \_\_\_\_\_ / PSC \_\_\_\_\_ / CS \_\_\_\_\_  
 NL / Centered / Decentered \_\_\_\_\_  
 NL / Open / Haze / Folds \_\_\_\_\_  
 NL / Syneresis / PVD \_\_\_\_\_  
 NL / \_\_\_\_\_  
 NL / Mottling / Drusen / Edema \_\_\_\_\_  
 NL / Tortuosity / Attenuation \_\_\_\_\_  
 NL / Drusen / RPE Changes \_\_\_\_\_



EO / BIO / HRUBY / 78-90D / 3-M / DO

C / D

EO / BIO / HRUBY / 78-90D / 3-M / DO

### Discussed the Following Re: Surgery

- Presbyopia
- Blindness
- 20/20 VA Not Guaranteed
- VA May Not Be Correctable To 20/20
- May Need Spectacles for Night Driving/ Reading
- Glare/Halos
- Infection/ Inflammation
- Cataracts
- DES Post-Op
- Under / Over Correction
- Pacemaker

### ASSESSMENT / PLAN

Myopia / Hyperopia / Astigmatism / Presbyopia    OD / OS / OU    DES / Cataract / Other \_\_\_\_\_    OD / OS / OU

- Stable Candidate: Current exam compared to spectacle / previous data from O.D.     PACH     TOPO     PUPILS \_\_\_\_\_
- Schedule CK Surgery    OD / OS / OU
- Unstable Candidate: Recheck date on: \_\_\_\_\_     Poor Candidate Secondary to: \_\_\_\_\_
- Request Previous Records From: \_\_\_\_\_     Need A-Scan Prior to Surgery

Post-Op Care Through:     SEA     Primary O.D. \_\_\_\_\_     Patient Needs an O.D. \_\_\_\_\_

Eye Care Provided By: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Page #: \_\_\_\_\_