

# Appendix G: Patient Examination Record – Candidate Recording Sheets

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Candidate's Name

...../...../.....  
Examination Date

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Examiners Name

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Signature of examiner

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Patients Name

...../...../.....  
Date of Birth

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Patient Number

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Gender

**History**.....

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GP Name

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Practice Name

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Address

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Occupation

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Suburb

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Visual Tasks

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Telephone

**Examination plan based on patient history and designed to obtain the information necessary for diagnosis and management of the patient (Competency 3.1.1)**

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**External Ocular Examination**

Pupils: P E R R L A Marcus Gunn + - D C N diam = mm D C N diam = mm

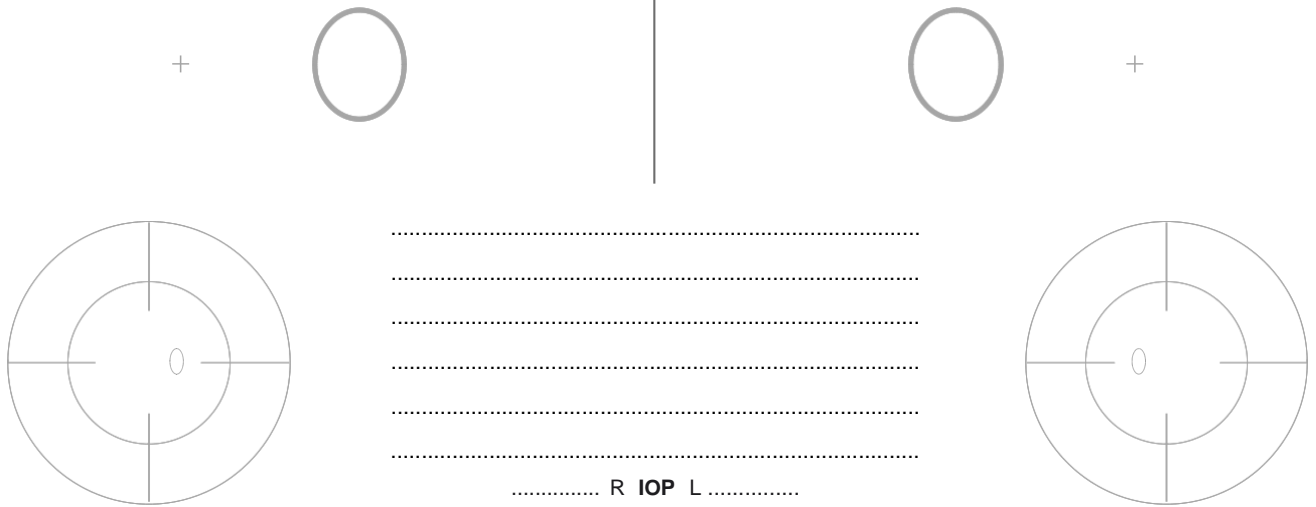
Angle..... Depth ..... Anterior Chamber Angle..... Depth .....



**Internal Ocular Examination**

Mydriasis Y / N time:

Agents Used:



..... R IOP L .....  
method..... time .....

**Current glasses**

Date prescribed Form of lenses

Dist	<b>NOT PROVIDED TO CANDIDATE</b>
Near	

VA	Near VA	VA
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**Refraction**

V	PD .....	V
Retinoscopy		
Subjective		

VA	ADD	VA
	Near VA	

**Contrast**

Edge contrast sensitivity
20dB VA <small>low contrast chart</small>

**Motility and Binocular Vision**

Excursions ..... NPC .....  
 Cover Test D ..... N ..... Stereopsis .....  
 Amp Acc ..... Acc Fac +1 ..... -1 .....  
 NRA ..... PRA ..... +2 ..... -2 .....  
 MEM/Binoc Xcyl ..... Verg Fac .....  
 Phoria Fusional Reserves

	Hor	Ver	PRC			NRC		
D								
N								

AC/A +2 ..... +1 ..... 0 ..... -1 ..... -2 .....

**Colour Vision**

Ishihara ..... D15 ..... Diagnosis.....

**Visual Fields**

Confrontation ..... Amsler R L

Other .....

Automated summary .....

**Diagnosis**

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**Management**

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**Advice**

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**Review Schedule**

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**Additional Notes**

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**Candidate signature**