

Candidate Number:
(office use only)

Clinical Attendance Log

(see guidance note 2)

Date	Clinic attended	Range of conditions	Examined (E) or observed patients (O)
15/11/10 Afternoon	pm General Clinic	Wet AMD, Glaucoma, Cataract, Diabetic Retinopathy, Visual Field Loss, Anterior Uveitis.	E/O
22/11/10 Afternoon	pm General Clinic	POAG, Cataract, PCO, OHT, Migraine, NTG, YAG Capsulotomy.	E/O
24/11/10 All Day	am Corneal Clinic pm General Clinic	DALK, VKC, Chemical Burn, Glaucoma, Dry Eye, POAG.	E/O
29/11/10 Afternoon	pm General Clinic	Cataract, POAG, Medication Allergy.	E/O
05/01/11 All Day	am Corneal Clinic pm General Clinic	Keratoconus, Recurrent Corneal Erosion, Herpes Simplex Keratitis, Cataract.	E/O
10/01/11 Afternoon	pm General Clinic	Corneal Foreign Body, Cataract, AMD, Glaucoma, PCO.	E/O

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Date	Patient Reference	Condition	Page
15/11/10.	1. [REDACTED]	Wet Macular Degeneration.	10
15/11/10.	2. [REDACTED]	Glaucoma and Cataract.	10
15/11/10.	3. [REDACTED]	Proliferative Diabetic Retinopathy.	10
15/11/10.	4. [REDACTED]	Quadrantic Field Defect.	10
15/11/10.	5. [REDACTED]	Acute Anterior Uveitis.	11
15/11/10.	6. [REDACTED] 1/2	Cataract.	11
22/11/10.	7. [REDACTED]	Primary Open Angle Glaucoma.	11
22/11/10.	8. [REDACTED]	Cataract.	12
22/11/10.	9. [REDACTED]	Posterior Capsular Opacification.	12
22/11/10.	10. [REDACTED]	Ocular Hypertension.	12
22/11/10.	11. [REDACTED]	Migraine.	12
22/11/10.	12. [REDACTED]	Normal Tension Glaucoma.	13
22/11/10.	13. [REDACTED]	YAG Capsulotomy.	13
24/11/10.	14. [REDACTED]	Deep Anterior Lamellar Keratoplasty.	13
24/11/10.	15. [REDACTED]	Vernal Keratoconjunctivitis.	13
24/11/10.	16. [REDACTED]	Chemical Burn.	14
24/11/10.	17. [REDACTED]	Glaucoma.	14
24/11/10.	18. [REDACTED]	Dry Eye/Meibomium Gland Dysfunction.	14
24/11/10.	19. [REDACTED]	Primary Open Angle Glaucoma.	14
29/11/10.	20. [REDACTED]	Cataract.	15
29/11/10.	21. [REDACTED]	Primary Open Angle Glaucoma.	15
29/11/10.	22. [REDACTED]	Posterior Subcapsular Cataract.	15
29/11/10.	23. [REDACTED]	Possible Neomycin Allergy.	15
05/01/11.	24. [REDACTED]	Keratoconus.	16
05/01/11.	25. [REDACTED]	Keratoconus.	16
05/01/11.	26. [REDACTED]	Recurrent Corneal Erosion.	16
05/01/11.	27. [REDACTED]	Herpes Simplex Keratitis.	17
05/01/11.	28. [REDACTED]	Cataract (Anisometropia).	17
10/01/11.	29. [REDACTED]	Corneal Foreign Body.	17
10/01/11.	30. [REDACTED]	Cataract and AMD.	18
10/01/11.	31. [REDACTED]	Raised Intra Ocular Pressures.	18
10/01/11.	32. [REDACTED]	Cataract.	18
10/01/11.	33. [REDACTED]	Posterior Capsular Opacification.	18
19/01/11.	34. [REDACTED]	Dry Eye.	19
19/01/11.	35. [REDACTED]	Acne Rosacea.	19

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Patient Index
(see guidance note 3)

Date	Patient number (as allocated by Candidate)	Nature of consultation (including details of diagnosis, management and prescribing decisions taken)	Examined (E) or observed patient (O)
15/11/10 PM General Clinic	Px No. 1 ██████████ Wet Macular Degeneration.	RFV: Poor vision left eye. Px: 90 year old female. History: Previously had Lucentis injections x4 at Moorfields in left eye 2 years ago then discharged. Right cataract removed 2008. Exam: Left shows geographic atrophy left eye, but exudate and raised right macula. VA R =6/9.5. Diagnosis: Wet AMD. Management: Referred urgently to Brighton query anti veg-F injections for this eye.	E/O
	Px No. 2 ██████████ Glaucoma and Cataract.	RFV: Routine follow-up. Px: 62 year old female. History: Bilateral glaucoma and cataracts. Exam: CD 0.9 R & L. IOPs stable at R) 17 L) 20. VA 6/9.5 R & L. Lumigan BE nocte. Diagnosis: All stable. Management: Continue with Lumigan, Review: 6/12.	E/O
	Px No. 3 ██████████ Proliferative diabetic retinopathy.	RFV: Routine follow-up. Px: 62 year old female. History: Diabetic (type 1) px and R phaco & IOL 6/52 ago. R uncomfortable, changed from Maxitrol to Maxidex 3/52 ago plus Celluvisc pm. Exam: Shows new vessels at R disc. Management: Referred urgently to diabetic clinic for laser. Review: 1/12.	E/O
	Px No. 4 ██████████ Field defect.	RFV: Referred by optometrist field defect and reduced VA. Px: 58 year old female History: Px has history of sub arachnoid haemorrhage in 2008 Exam: Humphrey fields show homonymous left superior quadrantanopia. (Pie in the sky defect). VA 6/15. NO RAPD. Colour Vision normal. Ocular exam all clear. Diagnosis/Management: Long standing due to haemorrhage. Review: 6/12 to ensure no progression.	E/O

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15/11/10 PM General Clinic.	Px No. 5 ██████████ Acute anterior uveitis.	RFV: referred by GP for red L eye. Px: 46 year old female. History: C/L wearer. History of sarcoidosis 2006. Exam: VA R 6/6 L 6/12. No discomfort. L circumcorneal injection. Hazy cornea due to cells on endothelium. Dilated iris bvs, and granuloma on iris margin. Diagnosis: AAU Management: Pred Forte hourly for 1 day, then 6xdaily. Cyclopentolate 1% tds. Review: 1/52.	E/O
	Px No. 6 ██████████ 18/01/22 Cataract.	RFV: Blurry R vision Px: 83 year old female. History: L Phaco + IOL 3 years ago. Exam: Nuclear sclerosis grade 2+. VA R)6/12 L)6/7.5. IOPS R)18 L)16. CD R)0.6 L)0.5. Diagnosis: Cataract and surgery reqd. Management: Consented and listed for surgery.	E
22/11/10 PM General Clinic.	Px No. 7 ██████████ POAG.	RFV: Overdue appt. PX: 63 year old male. History: Bechet's disease diagnosed age 28. L VA reduced due to previous posterior uveitis. 2 years ago L IOP was 29. Rxed Lumigan. Missed next clinic apt. No longer using Lumigan. Exam: No mouth ulcers today. IOPs R)30 L)30 Gonio open angles grade 4 R & L. AC quiet. VA R) 6/6 L)6/60. Fundus L shows extensive scars and attenuated BVs. CD R)0.5 L)0.9. Diagnosis: Possible POAG L eye. Management: treat as POAG. Prostagandins not suitable in uveitis therefore Rx Timolol (no asthma/cardiovascular probs) L BD. Review: 1/12.	E/O