

Patient case study template

Please complete this template as fully as possible. Please obtain your patient’s permission for their story (anonymised) to be used in print and digital form in *Acuity* by asking them to sign the form.

|  |  |
| --- | --- |
| **Question** | **Answer**  |
| **Age of patient** |  |
| **Where did you examine the patient?** **(E.g. hospital clinic, private practice, etc.)** |  |
| **Why did the patient come in for an appointment? Were they having any symptoms?** |  |
| **What was the patient diagnosed with?** |  |
| **Does the patient have any relevant family history and if so what is it?**  |  |
| **How advanced was the condition?** |  |
| **Can the condition be treated or managed?** |  |
| **What will the next steps be?** **(E.g. have they been given medication, and/or given lifestyle advice, such as stopping smoking, and/or other management advice)** |  |
| **Did the check-up detect a wider health problem?** |  |
| **If so what was it?**  |  |
| **Did the patient already know about this health condition?** |  |
| **What did they do as a result of the health problem being detected?**  |  |
| **How have subsequent changes to the patient’s eye health/sight made small, positive changes to their everyday life?**  |  |
| **If you could give one piece of advice to peers relating to this case study what would it be?** |  |
| **Miscellaneous information**  |  |

**Consent**

**To be completed and signed by your patient.**

Please sign this form to show that you have given permission for me to submit the above details and any relevant images, suitably anonymised, as well as details of my professional opinion on your case and treatment to the College of Optometrists’ professional journal, *Acuity*. *Acuity* is distributed to all members of the College and is produced in print and online. If approved, this case study will be published in *Acuity*.

I, …………………………………………………, the undersigned, give my permission for my case details to be published in *Acuity*.

I understand that my details will not be used for any other purposes.

Signed ………………………………………………………...........................................................

Date……………………………………………………....................................................................

Phone ………………………………………………………............................................................

Revised October 2022