PHILIPPINE ACADEMY OF OPHTHALMOLOGY
CATARACT MONITORING FORM
MISSION OUTPUT SUMMARY REPORT

GENERAL INFORMATION:
Mission Date/s: _____ Mission Group: _____
Mission Venue: _____ Mission Leader: _____
Address: _____
_____
Contact Numbers: _____

PLEASE FILL IN THE BLANKS BELOW WITH THE CORRESPONDING NUMBER OF PATIENTS SEEN / TREATED

Coordinated with (local ophthalmologist): _____

A. PATIENTS:
Number of surgical patients (eyes/cases): _____/_____ Adults
_____/_____ Pediatrics
Number of medical patients (eyes/cases): _____/_____ Adults
_____/_____ Pediatrics
TOTAL: _____ (number of patients served)

B. MANAGEMENT / TREATMENT GIVEN:
Medical:
____ Treated / Prescribed medications
____ Referred to: ____ Optometrist
____ Others (please specify): _____
Surgical:
____ OD ___ Phacoemulsification ____ PC-IOL
____ OS ___ Extracapsular CE ____ AC-IOL
___ Intracapsular CE ____ No IOL
___ Others (specify): _____

C. DISPOSITION:
_____ Improved ____ Diagnosed only
_____ Worsened (With Morbidity / Mortality) ____ Undetermined

D. COMPLICATIONS: _____ (number of cases with complications)
____ No complication ____ Iridodialysis ____ Choroidal bleeding
____ Capsular rupture ____ Hyphema ____ Expulsive hemorrhage
____ Vitreous loss ____ Glaucoma ____ Retinal detachment
____ Corneal edema ____ Iris prolapse ____ Endophthalmitis
____ Others (please specify): _____
_____

E. MISSION GROUP MEMBERS:
____ Consultants ____ Nurses ____ Residents
____ Optometrists ____ Volunteers ____ others: _____

F. SUPPORT GROUPS:
Mission Partner/s: _____
_____
Mission Sponsor/s and Host/s: _____
_____
_____

G. REMARKS/COMMENTS/ PROBLEMS ENCOUNTERED (if any): Please use the back of the page

Report prepared by:

Date: _____ _____
(Signature over printed name)