


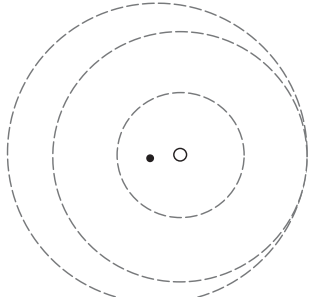
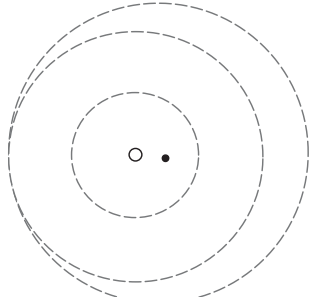


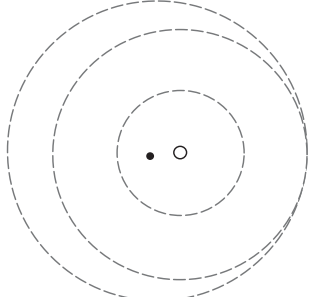
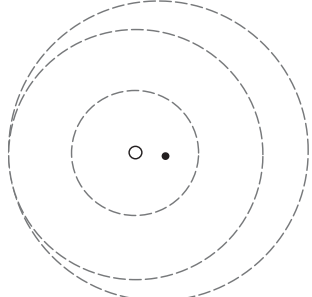
Appendix A

Standardised Sheet for Recording Screening Results

XXXX HOSPITAL	NHS TRUST	Neonatal Ophthalmology Examination Record
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Name:	Gestation:	Birth Weight:
Hosp. No:		
DoB: ___/___/___	Gender: M / F	weeks grams
Risks:		
Stage 1: <u> </u>	Stage 2: <u> </u>	Stage 3: <u> </u>
Stage 4/5: 		Laser: 
AP-ROP: 		

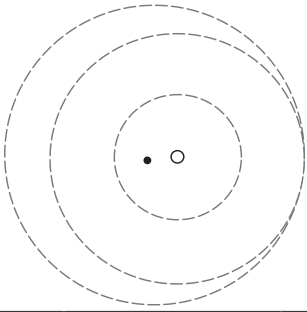
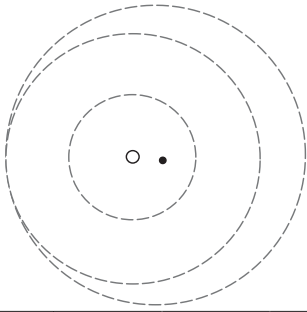
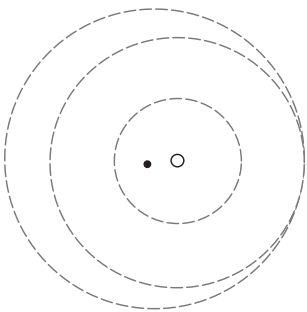
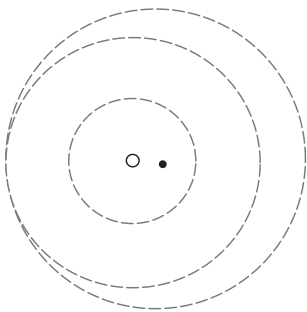
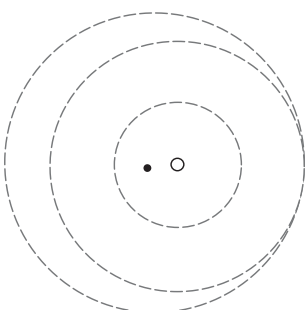
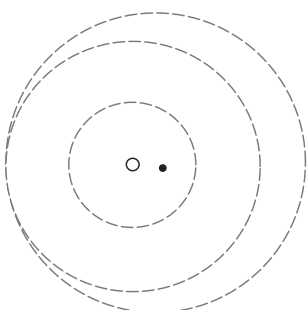
Date:	R		L			
Postmenstrual Age:						
Follow-up:						
Examiner:	Zone:	Stage:	Preplus: Y / N Plus: Y / N	Zone:	Stage:	Preplus: Y / N Plus: Y / N
Comments:				Comments:		

Date:	R		L			
Postmenstrual Age:						
Follow-up:						
Examiner:	Zone:	Stage:	Preplus: Y / N Plus: Y / N	Zone:	Stage:	Preplus: Y / N Plus: Y / N
Comments:				Comments:		

Neonatal Ophthalmology Examination Record – Continuation Sheet

Name:

Hospital No:

Date:	R 	L 						
Postmenstrual Age:								
Follow-up:								
Examiner:	Zone:	Stage:	Preplus: Y / N	Plus: Y / N	Zone:	Stage:	Preplus: Y / N	Plus: Y / N
Comments:								
Date:	R 	L 						
Postmenstrual Age:								
Follow-up:								
Examiner:	Zone:	Stage:	Preplus: Y / N	Plus: Y / N	Zone:	Stage:	Preplus: Y / N	Plus: Y / N
Comments:								
Date:	R 	L 						
Postmenstrual Age:								
Follow-up:								
Examiner:	Zone:	Stage:	Preplus: Y / N	Plus: Y / N	Zone:	Stage:	Preplus: Y / N	Plus: Y / N
Comments:								