**Trainee Name: Trainee Number:**

# Scheme for Registration Stage Two assessment Routine eye examination

Patient initials:

Date of last examination:

Age: Occupation:

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| --- |
| Symptoms and history |
| Ocular examination |
| Retinoscopy |

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| Subjective and associated findings |
| Additional tests |
| Action and advice to patient |
| Final prescription given |

**Trainee Name: Trainee Number:**

**Scheme for Registration   
Stage Two assessment – Contact lens after care record**

Patient initials:

Date of last examination:

|  |
| --- |
| Symptoms and history |
| Evaluation of lens fit |

Age: Occupation:

|  |
| --- |
| Slit lamp examination |
| Action and advice to patient |

**Trainee Name: Trainee Number:**

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| --- | --- | --- | --- |
| **The College of Optometrists**  **Stage Two assessment**  **Contact Lens Fitting Record** | | | |
| **To be completed by Assessor** | | **Keratometry** | | **Additional Comments** | |
| **Right**  **OR**  **Left** | @ |  | |
| @ |
| **Refraction** | |
| **Right**  **OR Left** | / x **6/** |

Patient’s Initials: JS

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| --- |
| Pre-Fitting Measurements |
| Soft Fitting |
| Specification for soft lenses |
| Additional Comments |