

T Level Technical Qualification in Healthcare Science

Occupational specialism assessment (OSA)

Optical Care Services

Assignment 1 – pass and distinction – evidence forms

Guide standard exemplification materials

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Assignment 1

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Task 1: patient interaction 1

Patient record form template

Name	Sam Seewell
Date of birth	1 st April 1986
Home address	50 Victoria Crescent Longtown VC8 9IT
Last sight test	1 year ago
GDPR	Consent/No consent
Other comments	Patient has a red eye which has been present for 2 days.

Task 1: patient interaction 1

Patient triage form

Date	Time	Staff name	Where is the patient?	
29.06.21	10:35	A. Student	Practice Yes	Phone
Patient name and address		Date of birth	Contact number	GP
Sam Seewell 50 Victoria Crescent Longtown VC8 9IT		1 st April 1986	0121 123 4567	Smith Church Surgery Church Street
Patient complains of red eye			C/L wearer	Yes / No
			Any recent trauma	Yes / No
			Any recent ocular surgery	Yes / No
			Give details:	
Main concern		Questions		
Problem with eye R L		Is it painful?		
		No	Yes	
		Is it sensitive to light?		
		No	Yes	
		Is the eye red?		
No	Yes			
Problem with vision NO R L		Is there a change in vision?		
		No	Yes	
		Is there any discharge?		
No	Yes			
Flashes and/or floaters NO R L		Has it come on suddenly?		
		No	Yes	
		Is it constant?		
No	Yes			
Any other comments/symptoms?		When did it start?		
		Are there any shadows or veils in your vision?		
		The redness started 2 days ago and has not got worse over that time.		

Task 2: patient interaction 2

Patient record form

Name	Alex Holston
Date of birth	1 st June 1989
Home address	50 George Road Longtown VC8 9IT
Last sight test date	2+ years
Last sight test prescription	Prescription completed correctly to 2 decimal places Sphere/cyl/axis near add (if applicable)
Last aftercare date	1 year
Last aftercare prescription	Contact lens specification written correctly with type, base curve, diameter and prescription (if known)

Document information

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Change History Record

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