



Birla Institute of Technology and Science, Pilani  
and  
Elite School of Optometry  
(Unit of Medical Research Foundation)

# **CLINICAL LOG BOOK**

## **FINAL YEAR B.S OPTOMETRY**

### **20 - 20**

Name:

Course No: **OPTO ZC**

ID No:

Course Title: **Internship**



Birla Institute of Technology and Science, Pilani  
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**Period:**

<b>Postings</b>	<b>No of Cases Observed</b>	<b>No of Cases Independently seen</b>	<b>Remarks (Office use only)</b>
General OPD			
Community OPD			
Refraction Clinic			
Others (Specify)			

**Date of Submission:**

**Student Name:**

**ID No:**

**Student Signature:**

**Mentor(s) Name  
& Signature:**

**Principal Name  
& Signature:**



### **Guidelines for Log Book Maintenance:**

1. Complete the index page
2. Posting name and Date in all postings
3. Page number (OPD and special clinics should be separated by a page separator: Continuous numbers for OPD and Continuous Number for special clinics should be provided and indexed)
4. What to be entered in Log Book?
  - a. Independent Case: Note MRD no and specific details as in the format given in log book.
  - b. Independent cases with management: Cases done by the individual should be followed up with the consultant and the management plan should be detailed as Comprehensive workups. Minimum three cases should be seen in a day.
5. Details of CME attended with topic(s) and date should be entered
6. Details of vision screening should be indexed and entered
7. Learning from each case should be added at the end of case
8. At the end of each posting the statistics on various conditions seen should be mentioned (For example: in Glaucoma Postings: Congenital Glaucoma: 4 cases, Juvenile Glaucoma: 1 case, POAG: 20 cases etc.)
9. At the end of the postings, student should get the signature from the respective evaluator (Person designated for the same)
10. Student should submit the log book to the mentor and get the signature at the end of each postings
11. Where ever needed, the proforma in the respective department can be attached.



**Expected Cases to be seen by individual**

<b>Postings</b>	<b>Observed</b>	<b>Independently seen</b>
General OPD		450
Community OPD		80
Refraction Clinic		30





**Index:**

<b>Postings</b>	<b>Date(s)</b>	<b>Page No(s)</b>	<b>No of cases</b>
General OPD			
Community OPD			
Glaucoma OPD			
Uvea OPD			
Pediatric OPD			
Retina OPD			
Cornea OPD			
Oculoplasty OPD			
Refraction Clinic			
Others (Specify)			



**Case Details**

**Posting:**

**Date:**

<b>S no</b>	<b>MRD No</b>	<b>Main Complaints</b>	<b>Observation</b>	<b>Inference</b>



Posting: \_\_\_\_\_

Date:

MRD No:

Age/Sex

Purpose of visit

Chief Complaints:

Past Ocular History:

Current Medications:

Past Medical History:

Recent Investigations:

Family History:

Birth History:

Allergy History:





Visual Acuity		DISTANCE		NEAR				
		OD	OS	OD	OS			
A)	Unaided	_____	_____	_____	_____			
B)	Visual Acuity with pinhole	_____	_____					
C)	Previous Glasses _____	Spherical(D)	_____	_____	_____			
		Cylindrical(D)	_____	_____	_____			
		Axis	_____	_____	_____			
D)	With old glasses	_____	_____	_____	_____			
E)	Objective Refraction	Spherical(D)	_____	_____	a) No Glow	OD <input type="checkbox"/> OS <input type="checkbox"/> OU <input type="checkbox"/>		
		Cylindrical(D)	_____	_____	b) Dull Glow	OD <input type="checkbox"/> OS <input type="checkbox"/> OU <input type="checkbox"/>		
		Axis	_____	_____	c) Central opacity	OD <input type="checkbox"/> OS <input type="checkbox"/> OU <input type="checkbox"/>		
F)	Subjective Refraction	Spherical(D)	_____	_____	+	_____	a) Fogging	OD <input type="checkbox"/> OS <input type="checkbox"/> OU <input type="checkbox"/>
		Cylindrical(D)	_____	_____	_____	_____	b) Duo chrome	OD <input type="checkbox"/> OS <input type="checkbox"/> OU <input type="checkbox"/>
		Axis	_____	_____	_____	_____	c) JCC	OD <input type="checkbox"/> OS <input type="checkbox"/> OU <input type="checkbox"/>
G)	Visual Acuity with new correction	_____	_____	_____	_____			
	a. Prefers new glasses	<input type="checkbox"/>					b. Continue same PGP	<input type="checkbox"/>

Keratometry:

	OD	OS
Vertical	_____	_____
Horizontal	_____	_____
Comments	_____	_____

Cover Test:

NPC: SUBJ & OBJEC:

EOM:

NPA: OD/OS/OU:

WFDT: D

Stereopsis:

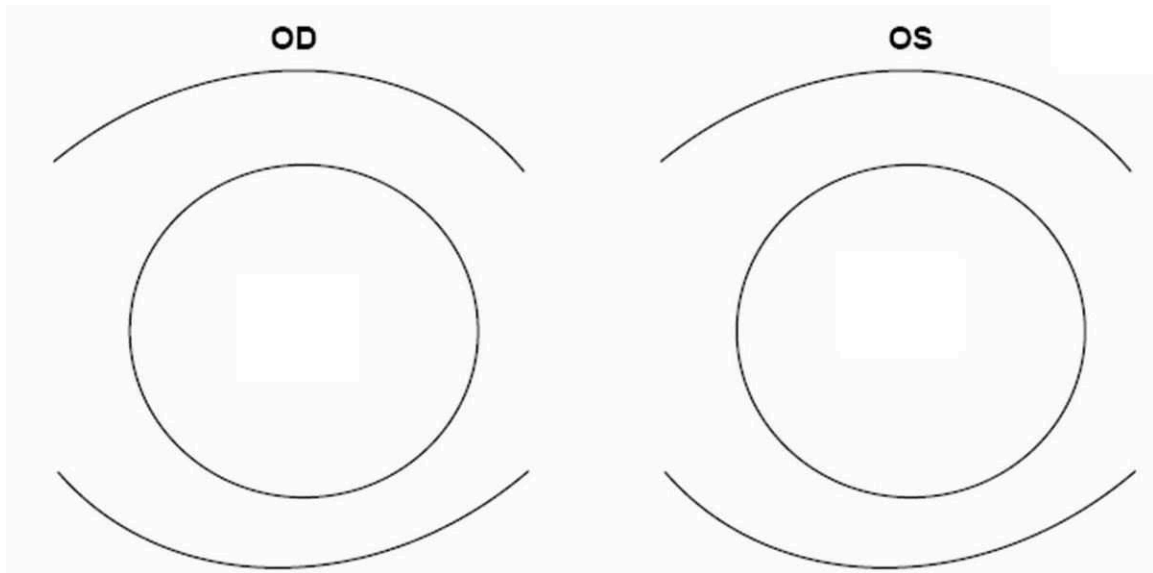
N



Pupillary Evaluation:

External Examination:

Slit Lamp Examination



Tonometry (mmHg): Method & Time:

OD: OS:

Gonioscopy:

OD: OS:

TBUT: OD: OS:

Blink Rate:

Schirmer's test: OD: OS:

Syringing: OD:

OS:

ROPLAS: OD:

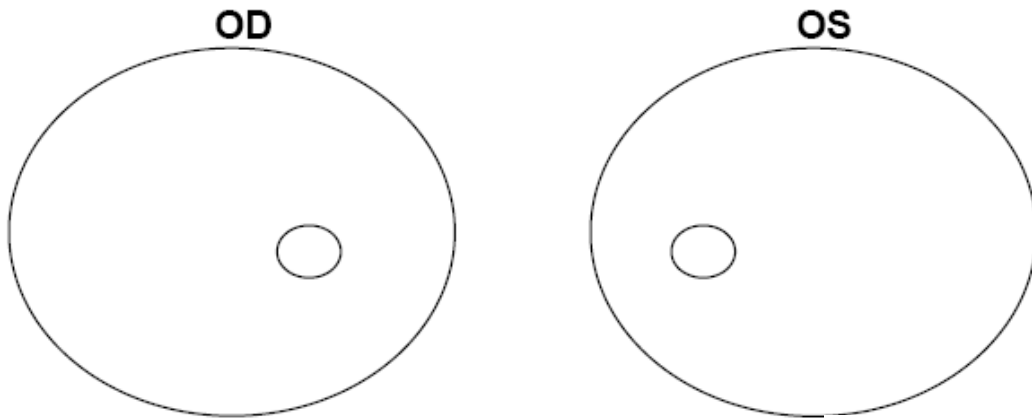
OS:



Other Procedures (If Any):

Dilatation Instructions:

Fundus:



Diagnosis:

Intervention Planned:

Learning:





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**Period:**

<b>Postings</b>	<b>No of Cases Observed</b>	<b>No of Cases Independently seen</b>	<b>Remarks (Office use only)</b>
Contact lens Clinic			
Binocular Vision Clinic			
Low Vision Care Clinic			
Dispensing-Opticals			
Biometry			
Perimetry			
Glaucoma Imaging			
Retina Imaging			
Electrodiagnostics			
Refractive Surgery Clinic			
School Screening Camps			
Cataract Screening Camps			
Others (Specify)			

**Date of Submission:**

**Student Name:**

**ID No:**

**Student Signature:**

**Mentor(s) Name  
& Signature:**

**Principal Name  
& Signature:**



**Expected Cases to be seen by individual**

<b>Postings</b>	<b>No of cases Observed</b>	<b>No of Cases Independently seen</b>
Contact lens Clinic	35	10
Binocular Vision Clinic	35	20
Low Vision Care Clinic	35	10
Dispensing-Opticals	100	50
Biometry	35	10
Perimetry	10	30
Glaucoma Imaging	10	3
Retina Imaging	35	10
Electro-diagnostics	20	5
Refractive Surgery Clinic	20	5
School Screening Camps		5 Camps
Cataract screening Camps		5 Camps







**Index:**

<b>Postings</b>	<b>Date(s)</b>	<b>Page No(s)</b>
Contact lens Clinic		
Binocular Vision Clinic		
Low Vision Care Clinic		
Dispensing-Opticals		
Biometry		
Perimetry		
Glaucoma Review		
Glaucoma Imaging		
Retina Imaging		
Electrodiagnostics		
Refractive Surgery Clinic		
School Screening Camps		
Cataract screening Camps		
Others (Specify)		





**Posting: Contact lens Clinic**

MRD No:

Date:

Age/Sex

Clinical Diagnosis:

Clinical Information:

Trial Information:

CL Trial:

Management / Advice:

Learning:



**Posting: Binocular Vision Clinic**

MRD No:

Date:

Age/Sex

Clinical Relevant History:

Diagnostic Procedures:

Clinical Impression:

Management / Advice:

Learning:



**Posting: Low Vision Care Clinic**

MRD No:

Date:

Age/Sex

Clinical Diagnosis:

Clinical Relevant History:

Requirements

Trial Information:

Management / Advice:

Learning:



**Posting:** \_\_\_\_\_

MRD No:

Date:

Age/Sex

Clinical Diagnosis:

Clinical Information:

Diagnostic Features/ Interpretation:

Diagnosis:

Learning:



**Posting: Digital Biometry Reader**

MRD No:

Date:

Age/Sex

Clinical diagnosis:

Other Relevant information:

Keratometry:

**OD**

**OS**

**Vertical**

\_\_\_\_\_

\_\_\_\_\_

**Horizontal**

\_\_\_\_\_

\_\_\_\_\_

**Comments**

\_\_\_\_\_

\_\_\_\_\_

**OD**

**OS**

Axial Length (mm)

\_\_\_\_\_

\_\_\_\_\_

Anterior Chamber Depth (mm)

\_\_\_\_\_

\_\_\_\_\_

Lens Thickness (mm)

\_\_\_\_\_

\_\_\_\_\_

IOL Power Calculation:

\_\_\_\_\_

\_\_\_\_\_

Learning:



Posting: **Opticals**

MRD No:

Date:

Age/Sex

Prescription:

Lens Type:

Trouble Shooting:

Learning:

Posting: **Opticals**

MRD No:

Date:

Age/Sex

Prescription:

Lens Type:

Trouble Shooting:

Learning:

