

OCCUPATIONAL ENGLISH TEST

WRITING SUB-TEST: OPTOMETRY

TIME ALLOWED: READING TIME: 5 MINUTES

WRITING TIME: 40 MINUTES

Read the case notes and complete the writing task which follows.

Notes:

Presentation:	31 September 2010
Patient history:	Mr Andrew Johnson: 46 y.o. taxi driver. Double vision after about 11 hrs of driving, for 12 months. Blurring of R eye, 8 months, becoming worse. Lately, 1st letter of street signs absent. No pain or headache.
General health:	Good. No medication.
Family history:	Father – cataracts for some yrs.
Vision:	R 6/60+, L 6/6
Refraction:	R +0.25/-0.50 x 90, L +0.25 DS. No correction needed.
VA:	R 6/60+, L 6/6, no improvement w. pinhole.
Phorias:	Distance – 1 ^A exophoria. Near – 4 ^A exophoria.
Stereopsis:	Gross (Titmus fly).
Colour vision (D-15):	R – red-green loss. L – normal.
External examination:	Normal ocular appearance.
Eye movements:	Full but jerky.
Convergence:	Near point – 15cm.
Slit-lamp:	Cornea and media – normal.

IOP (Goldmann):	R 18.5mmHg; L 14mmHg at 10.00am.
Confrontation fields:	R – constricted. L – temporal hemianopia.
Humphrey fields:	R – temporal hemianopia w. some inferior nasal loss. L – temporal hemianopia without macular sparing.
Diagnosis:	Probable chiasmal lesion, possible pituitary tumour.
Plan:	Referral to ophthalmologist.

Writing task:

Using the information given in the case notes, write a letter of referral to Dr R Taylor, an ophthalmologist at Newtown Hospital.

In your answer:

- **expand the relevant case notes into complete sentences**
- **do not use note form**
- **use letter format**

The body of the letter should be approximately 180–200 words.

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SAMPLE RESPONSE: LETTER

(Today's date)

Dr R Taylor
Ophthalmologist
Newtown Hospital
Newtown

Dear Dr Taylor,

Re: Mr A Johnson, aged 46 years

Mr Johnson presented on 31 September 2010 because of blurred vision in the right eye. This was first noticed eight months ago and has become progressively worse since then. For the last 12 months, Mr Johnson has been aware of double vision occurring after about 11 hours of driving. He is a taxi driver and recently, the first letter of the name on street signs appears to him to be missing.

Mr Johnson vision is R 6/60+ and L 6/6, with no significant improvement with either spectacles or pinholes. Near point of convergence is 15cm, eye movements are full but jerky and the right pupil is sluggish to a near stimulus. Stereopsis is reduced to gross as measured with the Titmus fly. Colour vision assessed using the D-15 indicates a red-green loss in the right eye only.

The cornea and media are clear. Intraocular pressures were R 18.5mmHg and L 14mmHg using Goldmann tonometry at 10.00am, and the anterior chamber angles are wide (van Herick). The ocular fundi appear normal, except that the right optic disc is paler than the left. Visual fields indicate a bitemporal hemianopic field loss without macular sparing, with some additional loss in the inferior nasal field of the right eye (Humphrey charts enclosed).

The reduced acuity, the other neurological signs, and particularly the bitemporal visual field loss may indicate chiasmal involvement. Therefore, I am referring Mr Johnson to you for further assessment and management.

Yours sincerely

Optometrist