

Coastwide Eye Surgery

Erina

Suite 1:07 Platinum Building

4 Ilya Avenue

ERINA 22500

Wyong

Suite 2 Robley House

24-26 Hely Street

WYONG 2259

Please complete and bring to your appointment

Do you have any of the following conditions? Tick for yes : X for no

Diabetes. Details: _____

Stroke. Details: _____

Pacemaker. Details: _____

Do you wear glasses? _____

Reading glasses – how old are these? _____

Distance / TV / Driving glasses– how old are these ? _____

Do you have a family history of:

Glaucoma. Details: _____

Macular Degeneration. Details: _____

Do you smoke? _____

For how many years? _____

How many cigarettes do you smoke per day? _____

Do you use eye drops? _____

Have you had any previous eye injuries? Details: _____

Eye operations? Details: _____

Did you have eye treatments (including glasses) as a child? _____

Do you have any allergies to medications? _____

What medications are you currently taking? _____
