

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## Coastwide Eye Surgery

Erina  
Suit 1:07 Platinum Building  
4 Ilya Avenue  
ERINA NSW 2250

Tuggerah  
Suite 1 (Ground floor)  
23-25 Anzac Road  
TUGGERAH NSW 2259

### Please complete and bring to your appointment

Please answer the following questions:    ✓ for yes    :    ✗ for no

Diabetes

If yes, is it controlled by diet alone, tablets, or insulin? \_\_\_\_\_

Stroke

If yes, please provide details: \_\_\_\_\_

Any heart condition

If yes, please provide details: \_\_\_\_\_

Do you wear glasses for distance?

If yes, when did you first start wearing them? \_\_\_\_\_

How old is your most recent prescription of glasses? \_\_\_\_\_

Have you had any previous eye injuries? Details: \_\_\_\_\_

Have you had any previous eye operations?

If yes, please provide details: \_\_\_\_\_

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

Do you have a family history of:

Glaucoma – if yes, who has it in your family? \_\_\_\_\_

Macular Degeneration – if yes, who has it in your family? \_\_\_\_\_

Do you smoke

If yes, how many years have you smoked? \_\_\_\_\_

How many cigarettes do you smoke per day? \_\_\_\_\_

Do you use eye drops? If yes, which ones? \_\_\_\_\_

What medications are you currently taking? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies to medications? If yes, what ones? \_\_\_\_\_