

Coastwide Eye Surgery

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

Wyong
Suite 2 Robley House
24-26 Hely Street
WYONG 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? _____