Ophthalmic Surgeons & Consultants Summary Sheet

NAME: _____ DOB: _____

Date Updated	Tech	MEDICATIONS	Medical & Surgical Hx. Include date of new occurrence	
			ASTHMA / COPD / SLEEP APNEA	Y / N
			HYPER / HYPOTENSION	Y / N
			HEART DISEASE	Y / N
			STROKE	Y / N
			DIABETES NIDDM: IDDM:	Y / N
			THYROID DYSF. HYPER / HYPO	Y / N
			NEUROLOGIC DIS. / MIGRAINES	Y / N
			MRSA	Y / N
			HIV / HEPATITIS	Y / N
			ARTHRITIS	Y / N
			DIALYSIS	Y / N
			PACEMAKER/DEFIB.	Y / N
			CANCER	Y / N
			OTHER:	
			GEN. SURG:	
		ALLERGIES & REACTIONS: NKDA Latex: Y / N Tape: Y / N	SEE ROS SHEET FOR	
			SOCIAL HX & FM HX	
			Glaucoma / Diabetes	

		EYE SURGERIES & LASERS	DATE	OCULAR HX.	DATE
				PACHS: OD:	
				OS:	
				PCP:	
		REF DR.:			
				OPTOM:	