Texas Eye Surgery Center

Medical History

Patients Name:		Height:	Weight:		
Birthdate:					
Date of surgery:					
Please check all that apply	:				
Smoker / Tobacco	Stomach issues	Diabetic: Oral/Diet/Insulin			
Alcohol use	Hepatitis	Unusual bleeding			
Tuberculosis	Renal Disease	Problems with anesthesia			
Asthma/COPD	Dialysis	Stroke/date:			
Oxygenliters/min	Prostate issues	Seizures			
MRSA/VRE	Arthritis	Depression/Anxiety			
Thyroid	High blood pressure	High cholesterol			
HEART ATTACK ***	Chest pain	Shortness of breath			
Date:	Irregular Heart Rate	Pacemaker			
Hard of Hearing	Dentures	Internal defibrillator			
Hearing Aide	Sleep apnea/bipap				
IV port	Language barrier				
Other:					
		each listed: (latex, tape, lodine,	/ Betadine, eggs)		
Check if you ever taken:	FlomaxCardura	_Any other medication for your p	prostate		
Check if you ever taken: List of previous surgeries:	FlomaxCardura	_Any other medication for your p	prostate		
-	FlomaxCardura	_Any other medication for your p	prostate		

***IF YOU HAVE HAD A HEART ATTACK <u>WITHIN THE LAST 6 MONTHS</u>, YOU MUST PROVIDE US WITH A MEDICAL CLEARANCE FOR SURGERY FORM FROM YOUR CARDIOLOGIST PRIOR TO HAVING SURGERY

Texas Eye Surgery Center MEDICATION LIST

List of your current medications – herbal treatments – eye drops – Over-the-counter medications

Patient name:				
Date of birth:				
Date of surgery:				-
Medication Name and Route (how you take it - by mouth, injection, topical, patch)	Dose	How Often		Why do you take it?

You may submit your form via email by clicking the button to to the right. If the button doesn't work, please email the form to preopnurse@lasikdr.com.