

日期 Date :

姓名First and Last Name :

出生日期DOB :



病歷和健康狀況資料 PERSONAL HEALTH HISTORY

Table with 8 columns: 您有沒有 Have you had, 有Y, 沒有N, 註釋Explain, 其他醫療問題Other Problems, 有Y, 沒有N, 註釋Explain. Rows include Hospitalization, Surgeries, Eye Surgeries, Eye Disease/Injury, High Blood Pressure, Heart Disease, Stroke, Diabetes, Migraines, Cancer, Breathing Problems, General Health, Ear/Nose/Throat, Heart, Lung, Stomach, Kidney, Muscles/Bones, Nerves, Hormones, Immune System, and Other.

家族病歷資料 FAMILY MEDICAL HISTORY

生活方式 LIFESTYLE

Table with 7 columns: 親屬(有血緣) 有沒有, 有Y, 沒有N, 誰? Who, 您有沒有 Have you had, 有Y, 沒有N, 多常? How often. Rows include Glaucoma, Cataract, Blindness, Retinal Detachment, Lazy Eye, Diabetes, Heart Disease, Other, Exercise, Alcohol, Smoking, Drug, Driving, Live Alone, Occupation, and Recent Trips.

藥物(現在所使用的藥物) CURRENT MEDICATION

現在使用的眼藥水/膏 EYE MEDICATION

Empty table rows for Current Medication and Eye Medication.

藥物過敏/其他過敏 MEDICATION ALLERGIES

Table with 4 columns: 有沒有 Have you had, 有Y, 沒有N, 藥物反應 Reaction. Rows include 藥物過敏 Med Allerg, 乳膠 Latex, and 其他 Other.

如果有更多請寫在後面 Back Side

如果有更多請寫在後面 Back Side

