

**SIMON HORGAN FRCS FRCOphth**

**HEALTH QUESTIONNAIRE**

**Please complete this form prior to your appointment with Mr Horgan**

NAME: .....

DOB: .....

REGULAR MEDICATIONS:.....  
.....  
.....  
.....

ALLERGIES: .....

Have you had cataract surgery? Yes / No

Have you have corrective laser treatment? Yes / No

Have you any history of other eye conditions? Yes / No

Please give details:  
.....  
.....

Do you have any history of a stroke or TIA Yes / No

Have you any history of major surgery or serious illnesses Yes / No

Do you have diabetes? Yes / No

Please give details:  
.....  
.....