## **SIMON HORGAN FRCS FRCOphth**

## **HEALTH QUESTIONNAIRE**

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

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:	NAME:	DOB:
ALLERGIES:  Have you had cataract surgery?  Have you have corrective laser treatment?  Have you any history of other eye conditions?  Please give details:  Do you have any history of a stroke or TIA  Have you any history of major surgery or serious illnesses  Yes / No  Do you have diabetes?  Yes / No	REGULAR MEDICATIONS:	
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