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| MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA For use of this form, see AR 40-66; the proponent agency in the Office of the Surgeon General. | | | | |
| REPORT TITLE LRMC REFRACTIVE SURGERY PATIENT INFORMATION FORM (PAGE 2) | | | | OTSG APPROVED |
| DO YOU OR HAVE YOU EVER HAD THE FOLLOWING ?  (CIRCLE AS APPROPRIATE)  AMBLYOPIA/LAZY EYE  CATARACTS  RECURRENT CONJUNCTIVITIS  CORNEAL ULCER  DOUBLE VISION  DRY EYES  GLAUCOMA OR HIGH EYE PRESSURE  HERPES SIMPLEX/ZOSTER  KERATOCONUS  RETINAL PROBLEMS  EYE INJURY  OTHER: (SPECIFY) | | DO YOU HAVE ANY ALLERGIES TO MEDICATIONS? (LIST MEDICATION AND REACTIONS) | | |
| HAVE YOU EVER HAD SURGERY OR LASER TREATMENTS ON YOUR EYES? (SPECIFY) | | |
| ARE YOU TAKING OR HAVE YOU TAKEN ANY OF THE FOLLOWING MEDICATIONS? (CIRCLE AS APPROPRIATE)  ACCUTANE (ISOTRETINOIN)  CORDARONE (AMIODARONE)  IMMUNOSUPPRESSANTS  IMITREX (SUMATRIPTAN)  STEROIDS  LIST ANY OTHER MEDICATIONS YOU ARE CURRENTLY TAKING: | | |
| MEDICAL HISTORY  DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING? (CIRCLE AS APPROPRIATE)  ARTHRITIS  BREATHING PROBLEMS  DIABETES  HEART DISEASE OR PACEMAKER  HIGH BLOOD PRESSURE  IMMUNOSUPPRESSION/HIV  MIGRAINE HEADACHES  OTHER MEDICAL PROBLEMS (SPECIFY) | | PATIENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | |
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*(Continue on reverse)*

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| PREPARED BY (*Signature & Title)* | DEPARTMENT/SERVICE/CLINIC | | DATE |
| PATIENT’S IDENTIFICATION *(For typed or written entries, give: Name- last,*  *First, middle; grade; date; hospital or medical facility)* | | HISTORY/PHYSICAL FLOW CHART  OTHER EXAMINATION OTHER *(Specify)*  OR EVALUATION  DIAGNOSTIC STUDIES  TREATMENT | |

DA FORM 4700, MAY 78 MCEUL OP 478, 27 Mar 02 USAPPC V2.00

Ad Hoc apprvl - 26 Mar 02