Eguchi Eye Hospital Medical Interview Form

Name:
Age:
Date of birth:
Planned date of departure:
Next destination:

Please describe your symptoms,

	Left eye	Right eye	Both eyes
Visual disturbance	□	□	□
Distorted vision	□	□	□
Double vision	□	□	□
Dryness	□	□	□
Redness	□	□	□
Itchiness	□	□	□
Pain	□	□	□
Tearing	□	□	□
Discharge	□	□	□
Flashes/Floaters	□	□	□
Stye	□	□	□
Others	□	□	□

-When did it start?

-Is it getting worse?

Please tell us about your past medical history,

-Ocular:

-Systemic:

Are you currently on any medication?

Do you have allergy of any kind (medicine, food, etc) ?

Is there anything in particular that you wish to inform?