**Vernon Square Cataract and Plastic Surgery Center**

**Summary Sheet-Patient at a Glance**

 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name or, if appropriate, Legally Responsible Person)

|  |
| --- |
| Special considerations due to cultural or religious beliefs: Yes No Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Language: English Spanish Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Translator neededLearning Variables: none hearing vision cognitive impairment illiterate pain anxietyReady to learn: Yes No Learning preference: written verbal demonstration Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Personal History: Smoking \_\_\_\_pks/day Alcohol\_\_\_\_day/week Recreational Drug Use/Abuse Advanced Directive copy given |
| **ALLERGIES** No Known Penicillin Sulfa Codeine IodineLatex Aspirin Food Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Previous reactions to anesthesia None Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **MEDICAL DIAGNOSIS & CONDITIONS** No Known Asthma Diabetes Hypertension  Anemia Arthritis Back Bowel Cancer Circulation Heart Attack Hepatitis Kidney Bladder Seizure Stomach Stroke Thyroid Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Male Female HT \_\_\_\_\_\_\_ WT\_\_\_\_\_\_ BP \_\_\_\_\_\_/\_\_\_\_\_\_ Pulse\_\_\_\_\_\_ Resp.\_\_\_\_\_\_ SPO2 \_\_\_\_\_\_ Temp. \_\_\_\_\_\_\_\_Glucose\_\_\_\_\_\_\_ (range 60-200) @\_\_\_\_\_\_\_ |
| Date | Current Medications, Over-the-Counter Drugs, Herbals, and Vitamins-and prescribed Medication by surgeon | Dose | Frequency | Date Discontinued |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Disclaimer:** This list is provided to you by this facility as an educational tool. We have noted all the medication you are currently taking, including the medications we have prescribed. This list is prepared based on the information you have provided to us. This facility is not responsible to maintain, prescribe or refill any of the above medications.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Patient or Authorized Person Date