**Ophthalmic and medical interview history**

***Dear Patient,***

*We take care of you throughout the entire treatment process. To ensure your safety and to offer the best treatment method, we need to know as much as possible about your health condition. Therefore, please complete the following interview.*

1. Do you correct your eyesight with glasses? :

**⃝** yes, “for walking”; from? ……………………… .. **⃝** yes, “for reading”; from? ……………………

**⃝** yes, for near-vision and distance-vision; *from?*  …………………….…**⃝** I do not use anything

1. Have you ever had any surgeries?

**⃝** no  **⃝** yes, *what and when?* ……………………………………………………………………

1. Do you use any eye drops?

 **⃝** no **⃝** yes, *what?* ……………………………………………………………………

1. Profession performed? ……………………………………………………………………
2. Are you pregnant ? *(**if applicable)*

**⃝** yes **⃝** no

1. Are you currently breastfeeding? *(if applicable)*

**⃝** yes **⃝** no

1. Narcotics and stimulants affect visual acuity and pupil diameter. These are the key parameters in the ophthalmological examination, particularly in the qualification for ophthalmology procedures. Misleading results may lead to incorrect therapeutic outcomes. Have you been using narcotic substances (psychoactive substances, narcotics, legal highs, stimulants) during the last month:

**⃝** yes **⃝** no

1. From what source did you find out about the Vidium Medica clinic?

**⃝** Internet

**⃝** A friend / family recommendation

**⃝** Doctor's recommendation (name and surname) …………………………………………

**⃝** Other:……………………………………………………………………………………………

*I confirm the accuracy of the above data and agree to the processing of the above information only for the use of Vidium Medica in the treatment process..*

……………………………………………………..

 *Patient's signature*