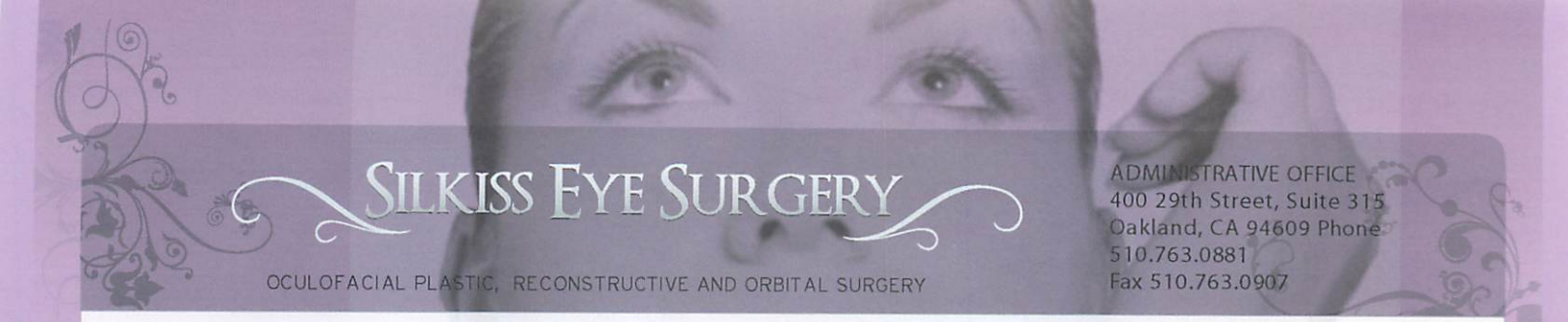

SILKISS EYE SURGERY

OCULOFACIAL PLASTIC, RECONSTRUCTIVE AND ORBITAL SURGERY

ADMINISTRATIVE OFFICE
400 29th Street, Suite 315
Oakland, CA 94609 Phone
510.763.0881
Fax 510.763.0907

Date_____

Name _____DOB:_____/_____/_____

Social History

Do you currently smoke or use tobacco products? _____ If yes, have you considered quitting? _____

Do you have a history of smoking/tobacco use? _____ If yes, when did you quit? _____

Do you drink alcohol? _____

If yes: How often do you have a drink containing alcohol? _____

How many standard drinks containing alcohol do you have on a typical day? _____

How often do you have 6 or more drinks on one occasion? _____

Demographics

What is your race?

Asian or Asian American

African or African American

Caucasian or European American

Native American or Native Alaskan

Native Hawaiian or other Pacific Islander

What is your ethnicity?

Hispanic/Latino

Non-Hispanic/Latino

Other: _____

Health Screening

1. Did you receive an influenza vaccination this year? _____
   If yes, please list date and provider: _____
2. Have you ever received a pneumococcal vaccination? _____
   If yes, please list date and provider: _____
3. Are you being treated for glaucoma? _____
   If yes, please list provider: _____
4. Do you have diabetes? _____
   If yes, have you received your yearly diabetic eye exam? Date_____Provider_____
   If yes, have you undergone HbA1c testing?_____ Date_____Location_____Result_____
5. Are you being treated for macular degeneration? _____
   If yes, please list provider: _____
6. If you have macular degeneration, are you currently taking eye vitamins or antioxidant supplements? _____
7. If you are over 65, do you worry about falling?_____
8. If you are female, did you receive your mammogram this year? _____