

# Glaucoma Doctor Visit Summary Sheet

Print this sheet, fill out as much as you can, and bring with you to your doctor visit. When you get home enter the information into your personal health record at MyGlaucomaCare.com

Date of doctor visit: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Any questions or specific concerns you would like to discuss? (write these down now so you don't forget to speak with your doctor about them at your visit):

- \*
- \*
- \*
- \*

## Your current medications (place an "X" for which eye)

You can look at your bottles and right down the medication names exactly as they appear on the label.

Medication Name	Right Eye	Left Eye	Both Eyes	Applications each day (circle one)
				1 - 2 - 3 - 4
				1 - 2 - 3 - 4
				1 - 2 - 3 - 4
				1 - 2 - 3 - 4

How many times did you forget or miss using your medications in the last few weeks (circle one)

**None**                      **Once**                      **2-3 times**                      **4 times or more**

**Eye Pressure Today:**              **Right** \_\_\_\_\_              **Left** \_\_\_\_\_