APPENDIX - I

DEPARTMENT OF OPHTHALMOLOGY,
M.L.B. MEDICAL COLLEGE & HOSPITAL, JHANSI.

PREFORM: FOR EXAMINATION

Case No. : Date :

1. Name of Investigator :
2. Surgeon I/c :
3. Place :

Details of Patient :

1. Name :
2. Age / Sex :
3. Ward / Bed :
4. Occupation :
5. Address :
6. Socio-economic status :
7. Habit of taking any intoxication :

A. Presenting Symptoms :
   1.
   2.
   3.
   4.
   5.

B. Brief history of present illness :
   - Past History :
     H/o Hypertension
     Diabetes
     Tuberculosis
     Any other
   - Family History :