



Imagine Your Happiness

This booklet belongs to _____

My Treatment Diary



*Drugs only work on
patients who take it'*

Dr. C. Everett Koop



My personal details

Name: _____

Date of birth: _____ Gender: F M

Address: _____

Contact no.: _____

Name of ophthalmologist: _____

Hospital/Clinic: _____

Date of diagnosis: _____

Type of glaucoma:

Primary open-angle

Normal-tension

Primary closed-angle

Ocular hypertension

Others: _____

Medical history

Pre-existing condition(s) – EYE

- Myopia or hyperopia – glasses
- Myopia or hyperopia – contact lens
- Refractory surgery (LASIK or LASEK)
- Cataract
- Retinal diseases
- Inflammation (herpes, uveitis etc.)
- Dry eyes
- Others: _____

Pre-existing condition(s) – SYSTEMIC

- Asthma
- Chronic obstructive airway disease
- Diabetes mellitus
- Hypertension
- Ischaemic heart disease
- Migrane
- Others: _____

Medical history

Current medications

Medication name	Time of the day	Frequency	Remarks
	Morning / evening	1 / 2 / 3 time(s) per day	
	Morning / evening	1 / 2 / 3 time(s) per day	
	Morning / evening	1 / 2 / 3 time(s) per day	
	Morning / evening	1 / 2 / 3 time(s) per day	
	Morning / evening	1 / 2 / 3 time(s) per day	

Allergies/contraindications: _____

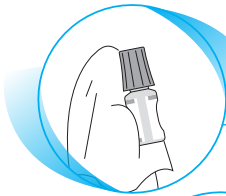
Add-on therapy: Yes (Name of medication: _____)/No

Switch therapy: Yes (Name of medication: _____)/No

Laser done: Yes (Type: _____)/No

Surgery done: Yes (Type: _____)/No

How to administer eye drop medication?



Wipe off any excess medication on the bottle with a clean gauze or tissue.



- Pull down your lower eyelid and ensure the dropper tip does not touch eye or eyelashes. Squeeze the bottle gently and let the eye drop falls into the eye pocket.
- Close the eyes for a while after instillation. Do not blink.



Wipe off any excess liquid around your eyes with a clean gauze or tissue.

Do's and Don'ts when applying eye drops



Do not share eye drops with other people or apply expired eye drops.



Before applying, wash your hands thoroughly with soap and running water.



Follow the instructions (dosage and administration) strictly.

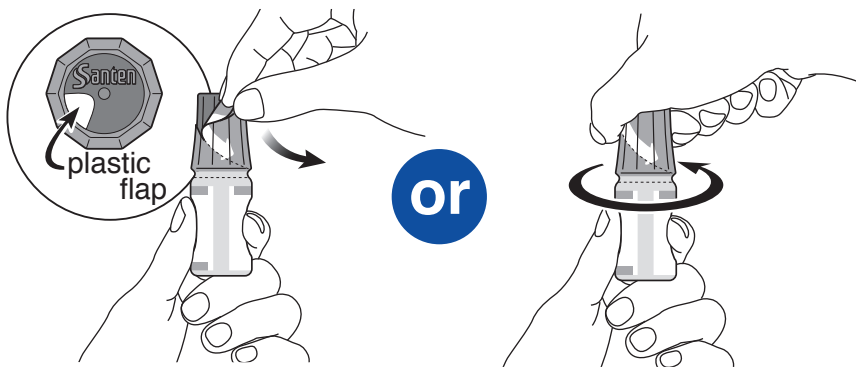


If you need to apply two or more types of eye drops, wait for 5 minutes before applying the next eye drops.



For eye suspension, shake the bottle well before applying.

How to use eye drop medication in a dimple bottle?

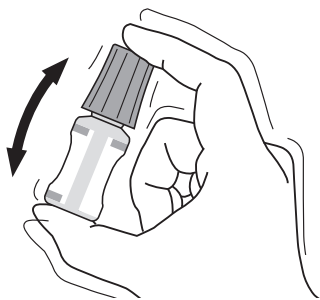


1

Remove the outer wrap from the cap.

Method 1 : Pull the plastic flap and remove it from the cap.

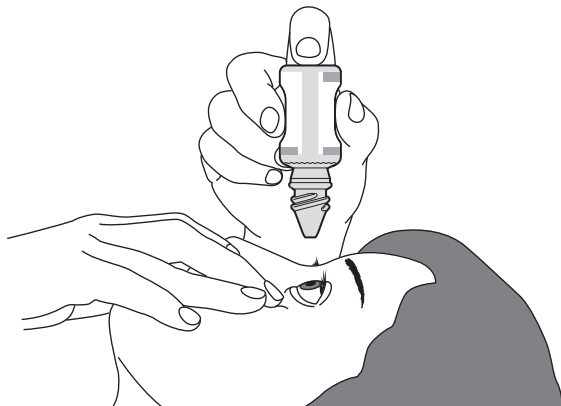
Method 2 : Hold the cap firmly and twist counter-clockwise to remove the outer wrap.



2

Hold the bottle upright and shake well.

How to use eye drop medication in a dimple bottle?



3

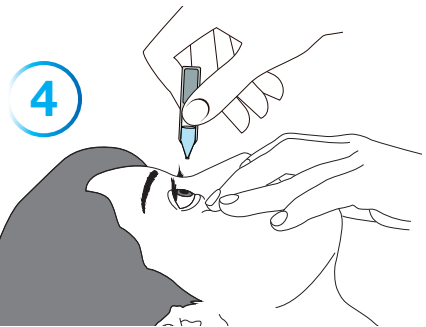
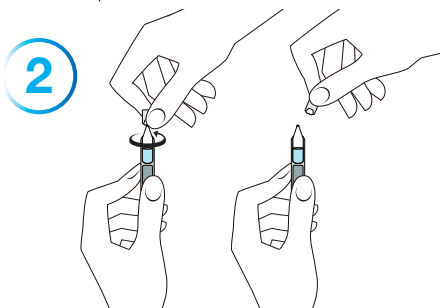
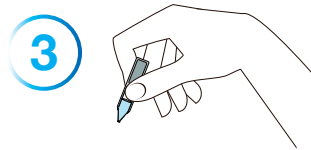
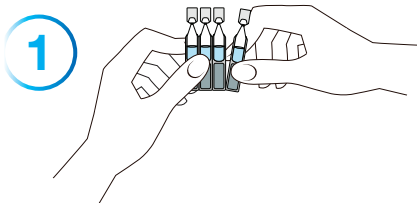
Remove the cap from the bottle. Hold the bottle at the dimpled part. Pull down your lower eyelid and ensure dropper tip does not touch eye or eyelashes. Squeeze the bottle gently and let the eye drop falls into the eye pocket. Close the eyes for a while after instillation. Do not blink.

Do's and Don'ts when applying eye drops

1. You may find it difficult to apply the eye drops if other parts of the bottle is held. Ensure you're holding the dimpled part of the bottle.
2. Do not press the bottle too hard as this will lead to excess output of eye drops.
3. Hold the bottle vertically to the eye when applying the eye drops.

How to use single-use (disposable) eye drop medication?

1. Remove single-use container from the strip.
2. Open the single-use container by twisting off the tab (the part where no solution is contained) as shown in the figure below.
3. Discard 1 or 2 drops before applying on the eye.
4. Ensure the tip of the container do not touch the eye while applying the eye drops



Note:

- 1 Pressure exerted on the strip may cause the cap to open. Be careful when you are carrying it around.
- 2 After applying, dispose the single-use container. Any remaining solution in the container cannot be stored and used again.

Eye examination results

	Date of visit: Time:		Date of visit: Time:	
	Right eye	Left eye	Right eye	Left eye
IOP (mmHg)				
Cup/disc ratio				
Visual field	<input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Progressed	<input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Progressed	<input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Progressed	<input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Progressed
Side effects				
Remark(s)				
Next appointment:	/ /	/ /	/ /	/ /

Eye examination results

	Date of visit: Time:		Date of visit: Time:	
	Right eye	Left eye	Right eye	Left eye
IOP (mmHg)				
Cup/disc ratio				
Visual field	<input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Progressed	<input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Progressed	<input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Progressed	<input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Progressed
Side effects				
Remark(s)				
Next appointment:	/ /	/ /	/ /	/ /

Eye examination results

	Date of visit: Time:		Date of visit: Time:	
	Right eye	Left eye	Right eye	Left eye
IOP (mmHg)				
Cup/disc ratio				
Visual field	<input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Progressed	<input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Progressed	<input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Progressed	<input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Progressed
Side effects				
Remark(s)				
Next appointment:	/ /	/ /	/ /	/ /



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This booklet is designed to provide patients with general eye drop application knowledge and record of eye disease details to facilitate communication with healthcare professionals when necessary.

