DATE _____

PATIENT'S NAME _____

SEX: M_____ F_____

DATE OF BIRTH_____AGE _____

FAMILY DOCTOR _____

WHO REFERRED YOU TO OUR OFFICE?

_____

GENERAL MEDICAL PROBLEMS	**YES**	**NO**
DIABETES		
TYPE (CIRCLE) 1	2	OTHER
HIGH BLOOD PRESSURE		
ARTHRITIS		
CONGESTIVE HEART FAILURE		
BRONCHITIS/EMPHYSEMA/ASTHMA		
STROKE		
HEART ATTACK		
THYROID PROBLEMS		
CANCER		
ULCER		
AIDS		
OTHER		
PAST EYE PROBLEMS	**YES**	**NO**
GLASSES		
CONTACTS		
RETINAL DETACHMENTS		
CATARACT		
GLAUCOMA		
IRITIS/UVEITIS		
TRAUMA		
PREVIOUS EYE SURGERY		
TYPE:		
REFRACTIVE SURGERY		
(CIRCLE) LASIK RK PRK		
TURNED EYE		
LAZY EYE		
OTHER		
FAMILY HISTORY	**YES**	**NO**
GLAUCOMA		
CATARACT		
RETINAL DETACHMENTS		
LAZY EYE		
TURNED EYE		
MACULAR DEGENERATION		
OTHER		
SOCIAL HISTORY	**YES**	**NO**
SMOKE		
DRINK		
DO YOU DRIVE		

HOBBIES_____

INTERESTS_____

ALLERGIES TO MEDICATIONS: PLEASE LIST _____

_____

_____

MEDICATIONS: PLEASE LIST_____

_____

_____

Please continue on other side

Occupation: _____

Surgical History _____

_____

_____

_____

_____

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_____

Review of Systems

Do you currently have any of the following problems:	Yes	No	If YES, please explain:
Chronic fever, unexpected weight loss/gain, fatigue	n	n	_____
Ear/nose/throat problems (e.g., hearing loss, sinus problems, sore throat)	n	n	_____
Heart problems (e.g., chest pain, irregular heart beat)	n	n	_____
Respiratory problems (e.g., shortness of breath, wheezing, coughing)	n	n	_____
Gastrointestinal problems (e.g., heartburn, abdominal pain, diarrhea, vomiting)	n	n	_____
Urinary problems (e.g., pain or discomfort, blood in urine)	n	n	_____
Skin problems (e.g., rashes, excessive dryness)	n	n	_____
Musculoskeletal problems (e.g., muscle aches, joint pain, swollen joints)	n	n	_____
Neurologic problems (e.g., numbness, weakness, headaches, paralysis)	n	n	_____
Psychiatric problems (e.g., depression, anxiety)	n	n	_____

Where and when was your last eye exam _____

_____

Pharmacy Phone # _____

Dated Reviewed/Updated_____tech_____

Dated Reviewed/Updated_____tech_____

Dated Reviewed/Updated_____tech_____

Dated Reviewed/Updated_____tech_____

Dated Reviewed/Updated_____tech_____

Dated Reviewed/Updated_____tech_____

Dated Reviewed/Updated_____tech_____

Dated Reviewed/Updated_____tech_____

Dated Reviewed/Updated_____tech_____