

Patient History Form

Name: _____ Date: _____

Birth Date: _____ Occupation: _____

Referred By: _____ Primary Doctor _____

Reason for today's visit: _____

Please list drug allergies: If none, please check ___

Please list all medications: Check if list attached ___
(prescription, over-the counter, and eye drops)

Family History: If none, please check ___
Do any medical or eye diseases run in your family?
(if yes, please note relationship to patient)

- Cataract _____
- Glaucoma _____
- Diabetes _____
- High blood pressure _____
- Macular degeneration _____
- Lazy eye _____
- Other _____

Social History: If none, please check ___
Alcohol(estimate weekly) _____
Tobacco(estimate daily) _____
Weight(change over last yr.) _____

Ocular History:
Last Eye Exam: ___yrs. ___months
Glasses: ___yrs. ___months
Contact Lenses: ___yrs. ___mo. (soft or gas perm.)

Review of systems & Medical History:

- Constitutional (fever, weight loss, other) Yes ___ No ___
- Eyes (glaucoma, cataract, lazy eye, retinal problems, loss of vision, blurred vision, floaters, flashes) Yes ___ No ___
- Ear/nose/mouth/throat (hearing loss, sinus, sore throat) Yes ___ No ___
- Cardiovascular (heart problems, chest pain, irregular heart beat, high blood pressure) Yes ___ No ___
- Respiratory (asthma, shortness of breath, coughing) Yes ___ No ___
- Gastrointestinal (heartburn, abn. pain, diarrhea, vomiting) Yes ___ No ___
- Genitourinary (urinary problems, blood in urine) Yes ___ No ___
- Integumentary (skin rashes, excessive dryness) Yes ___ No ___
- Musculoskeletal (muscle aches, joint pain, swollen joints) Yes ___ No ___
- Neurological (numbness, weakness, headaches, stroke, paralysis) Yes ___ No ___
- Hematologic / Lymphatic (blood disorders, prolonged bleeding, leukemia) Yes ___ No ___
- Allergic / Immunologic (hay fever, allergies) Yes ___ No ___
- Endocrine (diabetes, thyroid problems) Yes ___ No ___
- Psychiatric (depression, anxiety) Yes ___ No ___
- Surgeries, Hospitalizations, or Medical Diagnosis's (not listed above) Yes ___ No ___

Please explain any Yes answers:

Updates noted on back of page _____

Sig. _____