

▲ DATE (MM/DD/YY)

▲ REFERRED BY

▲ BIRTH DATE

▲ PATIENT'S NAME

▲ SEX

▲ AGE

▲ Address

▲ PHONE (H)

▲ EMPLOYER

▲ OCCUPATION

▲ PHONE (H)

▲ SOC. SEC. NO.

▲ PRIMARY CARE PHYSICIAN

Please answer the following questions about your medical status and history:

1. Have you ever been treated for any medical conditions (e.g. diabetes, high blood pressure, arthritis, etc.)

Yes No If YES, please explain: _____

2. Have you ever had any eye disease (e.g., glaucoma, cataract, wandering or "lazy" eye, retinal detachment)?

Yes No If YES, please explain: _____

3. Have you ever had any surgery:

Yes No If YES, please provide date and reason: _____

4. Have you ever been hospitalized:

Yes No If YES, please provide date and reason: _____

5. Do you take any medications?

Yes No If YES, please list: _____

Do you take any eye medications?

Yes No If YES, please list: _____

6. Do you have any drug or food allergies?

Yes No If YES, please list: _____**Review of Systems**

Yes No If YES, please explain:

Do you currently have any of the follow problems:

Chronic fever, unexpected weight loss/gain, fatigue _____

Ear/nose/throat problems (e.g., hearing loss, sinus problems, sore throat) _____

Heart problems (e.g., chest pain, irregular heart beat) _____

Respiratory problems (e.g., shortness of breath, wheezing, coughing) _____

Gastrointestinal problems (e.g., heartburn, abdominal pain, diarrhea, vomiting) _____

Urinary problems (e.g., pain or discomfort, blood in urine) _____

Skin problems (e.g., rashes, excessive dryness) _____

Musculoskeletal problems (e.g., muscle aches, joint pain, swollen joints) _____

Neurologic problems (e.g., numbness, weakness, headaches, paresthesia) _____

Psychiatric problems (e.g., depression, anxiety) _____

Family and Social History

Do any medical or eye diseases run in your family (e.g., diabetes, high blood pressure, cancer, glaucoma, macular degeneration)?

Yes No If YES, please explain: _____Do you smoke? If yes, how much? drink alcohol? If yes, how much If employed, how many hours per week do you work?

▲ Comments

▲ H. I. Signature

▲ Date