

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Family Physician: \_\_\_\_\_ Pharmacy: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hobbies: \_\_\_\_\_

**Current and Past Eye Condition(s)**

- Cataract(s)
- Dry Eye
- Lazy Eye
- Glaucoma
- Floaters
- Retinal Tear/Detachment
- Macular Degeneration
- Keratoconus
- Diabetic Eye Issues
- None

**Past Eye Surgery**

- Cataract Surgery
- Laser for Glaucoma
- Glaucoma Surgery
- LASIK Eye Surgery
- Ocular Injection(s)
- Laser After Cataract Surgery
- Cornea Transplant
- Retinal Surgery or Laser
- Other: \_\_\_\_\_
- None

**Current Medical Status**

- Diabetes
- Lupus
- Sjögrens
- Lymes Disease
- Rheumatoid Arthritis
- Thyroid Disease
- Multiple Sclerosis
- High Blood Pressure
- Stroke
- Heart Disease
- Other: \_\_\_\_\_
- None
- Crohn's Disease
- Migraines
- Cancer
- Anemia/Blood Disorder
- Cognitive Disorder
- Asthma/Difficulty Breathing
- Tuberculosis
- Hepatitis
- MRSA or VRE
- HIV/AIDS

**Allergies**

- None Known
- Latex
- Tape/Adhesive
- Other: \_\_\_\_\_
- Contrast Dye
- Sulfa
- Penicillin

**Past Surgeries**

Please list ALL past surgeries (e.g. tonsils, adenoids, tubal, vasectomy, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family History**

Has anyone in your immediate family been treated or diagnosed with any of the following:

- Glaucoma
- Macular Degeneration
- Cataract(s)
- Blindness
- Diabetes
- None
- High Blood Pressure
- Stroke/TIA
- Heart Disease
- Cancer
- Rheumatoid Arthritis
- Unknown/Adopted

**Social History**

Tobacco Use: N Y Quantity: \_\_\_\_\_

Alcohol Use: N Y Frequency: \_\_\_\_\_

**Medication(s)**

Please list all prescription & over-the-counter medications including dosing and instructions.

- Please see list provided

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Completed/Reviewed: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Physician Signature: \_\_\_\_\_