

Patient Name: _____

Are you here for a routine exam? [] Y [] N

Are you interested in new glasses or contacts today? [] Glasses [] Contacts [] Neither

Are you experiencing problems with your eyes? (Please briefly tell us any signs or symptoms you are experiencing)

If so, which eye? Right Left Both

When did this start?

Please list all prescription and over the counter drugs and eyedrops you are currently taking.

(If you have a list we would be glad to make a copy)

Please list any medication allergies.

Who is your primary care physician (medical doctor)? _____ Height _____ Weight _____

Have you been diagnosed or have symptoms of any ocular conditions? Glaucoma, Macular Degeneration, Retinal Detachment, Cataracts, Dry Eyes, Watery Eyes, Flashes, Floaters, Double Vision, None

Have you ever had any ocular surgeries? Cataract, Retinal, LASIK, PRK, Other _____, None

Have you ever had any ocular trauma or injuries? Foreign bodies, Other _____, None

Have you ever been diagnosed with cancer? [] Y [] N Are you currently pregnant? [] Y [] N

Do you have family history of ocular conditions? Glaucoma, Macular Degeneration, Retinal Detachment, Cataracts, None

If so, which relative(s) has been diagnosed? _____

Do you have a family history of diabetes? [] Y [] N If so, which relative(s) has diabetes: _____

Do you use any tobacco products? [] Y [] N

If so, please specify type of products and frequency of use _____

If not, have you ever used tobacco before? [] Y [] N How long ago did you quit? _____ years/months

Review of Symptoms - Do YOU have a history of:

	Yes	No		Yes	No
Allergic:			Immunologic		
Hay Fever	[]	[]	Herpes Zoster	[]	[]
Cardiovascular			Sjogren's Syndrome	[]	[]
Cardiovascular disease	[]	[]	Integumentary (Skin)		
Elevated Cholesterol	[]	[]	Dermatitis	[]	[]
Hypertension	[]	[]	Ocular Rosacea	[]	[]
Stroke	[]	[]	Musculoskeletal		
Constitutional			Ankylosing Spondylitis	[]	[]
Fever	[]	[]	Arthritis	[]	[]
Weight Loss	[]	[]	Rheumatoid	[]	[]
Ears, Nose, Mouth, Throat			Myasthenia Gravis	[]	[]
Dry Mouth	[]	[]	Neurological		
Hearing Loss	[]	[]	Headaches	[]	[]
Endocrine			Epilepsy	[]	[]
Diabetes	[]	[]	Multiple Sclerosis	[]	[]
Thyroid Problems	[]	[]	Psychiatric		
Gastrointestinal			Attention disorder	[]	[]
Colitis	[]	[]	Depression	[]	[]
Ulcers	[]	[]	Learning Disorder	[]	[]
Hematologic/Lymphatic			Respiratory		
Anemia	[]	[]	Asthma	[]	[]
Hematologic disorder	[]	[]	COPD	[]	[]
			Emphysema	[]	[]