MEDICAL HISTORY

PLEASE COMPLETE FORM IN BLACK INK

Name: _____ _____ _____

Last First Middle Date of birth Today's Date

MEDICAL HISTORY – Do you have any of the following?

Yes	No		Yes	No	
☐	☐	High Blood Pressure # of yrs____	☐	☐	Psychiatric Disorder
☐	☐	Diabetes # of yrs _____	☐	☐	Skin Disorders
☐	☐	Cancer	☐	☐	Allergic / Immune
☐	☐	Heart Disease	☐	☐	Thyroid
☐	☐	Breathing Problems	☐	☐	Migraines / Headaches
☐	☐	Kidney Disease	☐	☐	Muscle / Skeletal
☐	☐	Circulation Problems	☐	☐	Other _____
☐	☐	Ear/Nose/Throat	☐	☐	Do you smoke? _____ # packs/day
☐	☐	Stomach Problems	☐	☐	Do you drink alcohol? _____ # drinks/day
☐	☐	Neurological Disorders	☐	☐	Do you live alone?

FAMILY / MEDICAL DOCTOR(S) _____ PHONE: _____

_____ PHONE: _____

SURGICAL / HOSPITALIZATION HISTORY (within the last 10 years) – Please include dates:

_____ _____

_____ _____

_____ _____

_____ _____

MEDICATION HISTORY – Please list all medication you are currently taking (include dossage):

Medication	Dosage	Medication	Dosage
_____		_____	
_____		_____	
_____		_____	
_____		_____	

PLEASE LIST ALL MEDICATION YOU ARE ALLERGIC TO:

_____ _____

_____ _____

ARE YOU ALLERGIC TO THE FOLLOWING ITEMS: ☐ NO ☐ YES -- If YES, Please circle or list all that apply.

LATEX RUBBER EGGS SOYBEANS PEANUTS OTHER_____

OCULAR HISTORY – Have you been diganosed with any of the following in the past?

Yes	No		Yes	No	
☐	☐	Cataracts_____	☐	☐	Corneal Disease_____
☐	☐	Retinal Disorder_____	☐	☐	Glaucoma_____
☐	☐	Crossed Eyes_____	☐	☐	Injury_____
☐	☐	Other Eye Disorders_____	☐	☐	Eye Surgery_____

_____ _____

FAMILY HISTORY – Has anyone in your family had any of the following? Please note relation to patient:

F - Father, **M** - Mother, **P** - Paternal, **M** - Maternal, **S** - Sister, **B** - Brother, **GF** - Grandfather, **GM** – Grandmother

Yes	No		Yes	No	
☐	☐	Cataract_____	☐	☐	Heart Disease_____
☐	☐	Retinal Disorder_____	☐	☐	Diabetes_____
☐	☐	Glaucoma_____	☐	☐	Hypertension_____
☐	☐	Other Eye Problems_____	☐	☐	Other General Health Problems_____

_____ _____

Office: History Updated (Date & Initals) _____ _____ _____ _____

_____ _____ _____ _____