

**PATIENT NAME \_\_\_\_\_ MEDICAL INFORMATION**  
 (If you need assistance filling out this form please let us know)

Personal Eye Information	Family Eye Information
Name of Patient _____	Please let us know if the following eye conditions are in the family
Have you had any eye surgeries? Y N Type _____ Date _____	_____ relation
Have you had any eye injuries? Y N Describe _____	Y N Glaucoma _____
Do you have any of the following eye conditions:	Y N Macular Degeneration _____
Type/ Date of diagnosis      Treatment	Y N Strabismus (eye turn) _____
Glaucoma Y/ N _____	Y N Amblyopia (lazy eye) _____
Cataracts Y/ N _____	Y N Retinal Detachment _____
Retinal Problems Y/ N _____	Y N Cataracts _____
Lazy Eye Y/ N _____	Y N Blindness _____
Dry Eye Y/ N _____	Additional information:
Permanent Vision Loss Y/ N _____	
Other Y/ N _____	

**Review of General Health**

How would you describe your general health? \_\_\_\_\_

Who is your primary care physician \_\_\_\_\_ Date of last physical \_\_\_\_\_

Please indicate any current or past problems in the following health systems and medications you are taking as treatment.

Gastrointestinal Y N _____	Meds _____
Ear/ Nose/ Throat Y N _____	_____
Respiratory Y N _____	_____
Cardiovascular Y N _____	_____
Skin Problems Y N _____	_____
Musculoskeletal Y N _____	_____
Mental Health Y N _____	_____
Nervous System Y N _____	_____
Genitourinary Y N _____	_____
Endocrine (glands) Y N _____	_____
Blood/ Lymph Y N _____	_____
Allergies/ Immune Y N _____	_____

Please list any allergies you have (include medication allergies) \_\_\_\_\_

Please list any surgeries you have had. \_\_\_\_\_

Please list any additional health history. \_\_\_\_\_

Social History	Family Health History
Do you smoke? Y N _____	_____ relation
Do you use alcohol? Y N _____	Y N Diabetes _____
Do you use other substances? Y N _____	Y N Hypertension _____
Occupation _____	Y N Cardiovascular _____
Main activities _____	Y N Stroke _____
_____	Y N Cancer _____
Additional information:	Y N Other _____

Today's Date \_\_\_\_\_ Signature \_\_\_\_\_

**For office use only:** Reviewed: \_\_\_\_\_

Updated \_\_\_\_\_

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