Patient Medical History

Primary Care Physician Name:	Name:		1 00010110 1		, , , , , , , , , , , , , , , , , , ,	DOB:	
Primary Care Physician Address: Pharmacy: Location (street & city): Please mark all that apply: Overall Healthy Retinal Detachment Bell's Palsy Kidney Disease Amblyopia (Lazy Eye) AIDS/HIV Bleeding Disorder Kidney Stones Aphakia Diabetes Cancer Liver Disease Aphakia Diabetes Cancer Liver Disease Cataracts Herpes Congestive Heart Failure Meningitis Diabetic Retinopathy HIV Positive Crohn's Disease Migraine Double Vision Hypertension COPD MRSA Double Vision Hypertension COPD MRSA Double Vision Hypertension Dermatitis Polymyalgia Flashes Hyperthyroidism Dermatitis Polymyalgia Flashes Hyperthyroidism Eczema Psychatric Disorder Floaters Lupus Emphysema Shingles Glaucoma Multiple Sclerosis Epilepsy Skin Cancer Hyperopia (far sighted) Rheumatoid Arthritis Floromyalgia Stroke Hyperopia (far sighted) Rheumatoid Arthritis Floromyalgia Stroke Keratoconus Anemia Heart Disease Toxoplasmosis Keratoconus Anemia Heart Disease Toxoplasmosis Macular Degeneration Arthritis Hepatitis Toxoplasmosis Other Current Medications: Please List All Medications You Are Allergic To: Family History for First Degree Relatives (parent, child, sibling) Please mark all that apply Arthritis Diabetes Kidney Disease Stroke Blindness Glaucoma Lazy Eye TB Cancer Heart Disease Macular Degeneration Cataracts High Blood Pressure Retinal Disease Ocular Surgeries (please mark all that apply) No prior ocular surgery Foreign Body Removal RK History: Circle Y or N Alcohol Use: Y N Tobacco Use: Tobac							
Pharmacy:	Primary Care Physician Name	D:			Phone:		
Please mark all that apply:	Primary Care Physician Addre	ess:					
Overall Healthy Retinal Detachment Bell's Palsy Kidney Disease Amblyopia (Lazy Eye) AIDS/HIV Bleeding Disorder Kidney Stones Aphakia Diabetes Cancer Liver Disease Astigmatism Graves Disease Chicken Pox Lung Disease Cataracts Herpes Congestive Heart Failure Meningitis Diabetic Retinopathy HIV Positive Crohn's Disease Migraine Double Vision Hypertension COPD MRSA Dry Eyes Hypothyroidism Dermatitis Polymyalgia Flashes Hyperthyroidism Eczema Psychatric Disorder Floaters Lupus Emphysema Shingles Glaucoma Hypertopia (far sighted) Rheumatoid Arthritis Fibromyalgia Stroke Iritis Siogrens Hearting Loss Syphilis Keratoconus Anemia Heart Disease Toxoplasmosis Macular Degeneration Arthritis Heart Disease Toxoplasmosis Myopia (Near sighted) Arthythmia High Cholesterol Vertigo Optic Neuritis Ashma Histoplasmosis Other Current Medications: Please List All Medications You Are Allergic To: Family History for First Degree Relatives (parent, child, sibling) Please mark all that apply Arthritis Diabetes Kidney Disease Stroke Blindness Glaucoma Lazy Eye TB Degree Relatives (parent, child, sibling) Please mark all that apply Arthritis Diabetes Kidney Disease Stroke Blindness Glaucoma Lazy Eye TB Degree Relatives (parent, child, sibling) Please mark all that apply Arthritis Diabetes Kidney Disease Stroke Blindness Glaucoma Lazy Eye TB Degree Relatives (parent, child, sibling) Please mark all that apply Arthritis Diabetes Kidney Disease Stroke Blindness Glaucoma Lazy Eye TB Cancer Heart Disease Macular Degeneration Decrease Please List All Medications You Are Allergic To: Family History for First Degree Relatives (parent, child, sibling) Please mark all that apply Arthritis Diabetes Kidney Disease Stroke Blindness Glaucoma Cancer Retinal Disease Occular Surgery LaASIK/PRK Tabeculectomy (Glaucoma Surgery) Corneal Transplant Punctal Plugs Vitrectomy Social History: Circle Y or N Alcohol Use: Y N Tobacco Use: Y N Tobac	Pharmacy:			Location (str	reet & city):		
Amblyopia (Lazy Eye)	Please mark all that apply	y:					
Amblyopia (Lazy Eye)	Overall Healthy	Retinal Det	achment	Rell's Palsy		Kidney Disease	
Aphakia Diabetes Cancer Liver Disease					•		
Astjamatism Graves Disease Chicken Pox Lung Disease Cataracts Herpes Congestive Heart Failure Meningitis Diabetic Retinopathy HIV Positive Crohn's Disease Migraine Double Vision Hypertension COPD MRSA DOUBLE Vision Hypertension COPD MRSA DOUBLE Vision Hypertension Dematitis Polymyalgia Pisabes Hyperthyroidism Dematitis Polymyalgia Pisabes Hyperthyroidism Eczema Psychiatric Disorder Floaters Lupus Emphysema Shingles Glaucoma Multiple Sclerosis Epilepsy Skin Cancer Hyperopia (far sighted) Rheumatoid Arthritis Fibromyalgia Stroke Iritis Siogrens Hearing Loss Syphilis Keratoconus Anemia Heart Disease Toxoplasmosis Macular Degeneration Arthritis Hepatitis Tuberculosis (TB) Myopia (Near sighted) Arrhythmia High Cholesterol Veritgo Optic Neuritis Asthma Histoplasmosis Other Other Medications: **Please List All Medications You Are Allergic To:** **Perase List All Medications You Are Allergic To:** **Family History for First Degree Relatives (parent, child, sibling) Please mark all that apply **Arthritis Diabetes Kidney Disease Stroke Diadeness Glaucoma Lazy Eye TB Cancer Heart Disease Macular Degeneration Cataracts High Blood Pressure Retinal Disease TB Stroke Stroke Diadeness High Blood Pressure Retinal Disease TB Stroke Diadeness Glaucoma Lazy Eye TB Cataract Strapeny Strabismus Surgery Foreign Body Removal RK Strabismus Surgery Corneal Transplant Punctal Plugs Vitrectomy **Social History: Circle Y or N** **Alcohol Use: Y N** **Computer Use: Y N*	Aphakia	Diabetes	Diabetes				
Cataracts	Astigmatism	Graves Disc	ease	Chicken Pox		Lung Disease	
Double Vision	Cataracts		Herpes		ve Heart Failure		
Dry Eyes	Diabetic Retinopathy	HIV Positiv	/e			Migraine	
Flashes Hyperthyroidism Eczema Psychiatric Disorder Floaters Lupus Emphysema Shingles Glaucoma Multiple Sclerosis Epilepsy Skin Cancer Hyperopia (far sighted) Rheumatoid Arthritis Fibromyalgia Stroke Iritis Sjogrens Hearing Loss Syphilis Keratoconus Anemia Heart Disease Toxoplasmosis Macular Degeneration Arthritis Hepatitis Tuberculosis (TB) Myopia (Near sighted) Arrhythmia High Cholesterol Vertigo Optic Neuritis Asthma Histoplasmosis Other Current Medications: Please List All Medications You Are Allergic To: Family History for First Degree Relatives (parent, child, sibling) Please mark all that apply Arthritis Diabetes Kidney Disease Stroke Blindness Glaucoma Lazy Eye TB Cancer Heart Disease Macular Degeneration Cataracts High Blood Pressure Retinal Disease Ocular Surgeries (please mark all that apply) No prior ocular surgery Foreign Body Removal RK Bliepharoplasy Retinal Laser Surgery Strabismus Surgery Cataract Surgery LASIK/PRK Trabeculectomy (Glaucoma Surgery) Corneal Transplant Punctal Plugs Vitrectomy Social History: Circle Y or N Alcohol Use: Y N Computer Use: Y N If yes, how many hours a day do you use computer? The above information is true to the best of my knowledge.	Double Vision	Hypertension	on	COPD		MRSA	
Floaters Lupus Emphysema Shingles Glaucoma Multiple Sclerosis Epilepsy Skin Cancer Hyperopia (far sighted) Rheumatoid Arthritis Fibromyalgia Stroke Iritis Sjogrens Hearing Loss Syphilis Keratoconus Anemia Heart Disease Toxoplasmosis Macular Degeneration Arthritis Hepatitis Tuberculosis (TB) Myopia (Near sighted) Arrhythmia High Cholesterol Vertigo Optic Neuritis Asthma Histoplasmosis Other Current Medications: Please List All Medications Vou Are Allergic To: Family History for First Degree Relatives (parent, child, sibling) Please mark all that apply Arthritis Diabetes Kidney Disease Stroke Blindness Glaucoma Lazy Eye TB Cancer Heart Disease Macular Degeneration Cataracts High Blood Pressure Retinal Disease Ocular Surgeries (please mark all that apply) No prior ocular surgery Foreign Body Removal RK Blepharoplasy Retinal Laser Surgery Strabismus Surgery Cataract Surgery LASIK/PRK Trabeculectomy (Glaucoma Surgery) Corneal Transplant Punctal Plugs Vitrectomy Vitrectomy Social History: Circle Y or N Alcohol Use: Y N Tobacco Use: Y N If yes, when is your due date? The above information is true to the best of my knowledge.	Dry Eyes				is	Polymyalgia	
Glaucoma Multiple Sclerosis Epilepsy Skin Cancer Hyperopia (far sighted) Rheumatoid Arthritis Fibromyalgia Stroke Hyperopia (far sighted) Rheumatoid Arthritis Fibromyalgia Stroke Hritis Sjogrens Hearing Loss Syphilis Keratoconus Anemia Heart Disease Toxoplasmosis Macular Degeneration Arthritis Hepatitis Tuberculosis (TB) Myopia (Near sighted) Arrhythmia High Cholesterol Vertigo Optic Neuritis Asthma Histoplasmosis Other Current Medications: Please List All Medications You Are Allergic To: Family History for First Degree Relatives (parent, child, sibling) Please mark all that apply Arthritis Diabetes Kidney Disease Stroke Blindness Glaucoma Lazy Eye TB Cancer Heart Disease Macular Degeneration Cataracts High Blood Pressure Retinal Disease Ocular Surgeries (please mark all that apply) No prior ocular surgery Foreign Body Removal RK Blepharoplasy Retinal Laser Surgery Strabismus Surgery Cataract Surgery LASIK/PRK Trabeculectomy (Glaucoma Surgery) Corneal Transplant Punctal Plugs Vitrectomy Social History: Circle Y or N Alcohol Use: Y N Tobacco Use: Y N Tobacco Use: Y N Topacco Use: Other The above information is true to the best of my knowledge.	Flashes	Hyperthyro	idism				
Hyperopia (far sighted) Rheumatoid Arthritis Fibromyalgia Stroke	Floaters			Emphysema			
Iritis Sjogrens Hearing Loss Syphilis	Glaucoma			Epilepsy			
Anemia							
Macular Degeneration	Iritis		3 0				
Myopia (Near sighted)							
Optic Neuritis				-			
Current Medications: Please List All Medications You Are Allergic To: Family History for First Degree Relatives (parent, child, sibling) Please mark all that apply Arthritis Diabetes Kidney Disease Stroke Blindness Glaucoma Lazy Eye TB Cancer Heart Disease Macular Degeneration Cataracts High Blood Pressure Retinal Disease Ocular Surgeries (please mark all that apply) No prior ocular surgery Foreign Body Removal RK Blepharoplasy Retinal Laser Surgery Strabismus Surgery Cataract Surgery LASIK/PRK Trabeculectomy (Glaucoma Surgery) Corneal Transplant Punctal Plugs Vitrectomy Social History: Circle Y or N Alcohol Use: Y N Computer Use: Y N If yes, how many hours a day do you use computer? Are you Pregnant? Y N If yes, when is your due date? The above information is true to the best of my knowledge.				Š		•	
Please List All Medications You Are Allergic To: Family History for First Degree Relatives (parent, child, sibling) Please mark all that apply Arthritis Diabetes Kidney Disease Stroke Blindness Glaucoma Lazy Eye TB Cancer Heart Disease Macular Degeneration Cataracts High Blood Pressure Retinal Disease Ocular Surgeries (please mark all that apply) No prior ocular surgery Foreign Body Removal RK Blepharoplasy Retinal Laser Surgery Strabismus Surgery Cataract Surgery LASIK/PRK Trabeculectomy (Glaucoma Surgery) Corneal Transplant Punctal Plugs Vitrectomy Social History: Circle Y or N Alcohol Use: Y N Tobacco Use: Y N Computer Use: Y N If yes, how many hours a day do you use computer? Are you Pregnant? Y N If yes, when is your due date? The above information is true to the best of my knowledge.	Optic Neuritis	Asthma		Histoplas	smosis	Other	
Blindness Glaucoma Lazy Eye TB Cancer Heart Disease Macular Degeneration Cataracts High Blood Pressure Retinal Disease Ocular Surgeries (please mark all that apply) No prior ocular surgery Foreign Body Removal RK Blepharoplasy Retinal Laser Surgery Strabismus Surgery Cataract Surgery LASIK/PRK Trabeculectomy (Glaucoma Surgery) Corneal Transplant Punctal Plugs Vitrectomy Social History: Circle Y or N Alcohol Use: Y N Tobacco Use: Y N Computer Use: Y N If yes, how many hours a day do you use computer? Are you Pregnant? Y N If yes, when is your due date? The above information is true to the best of my knowledge.					nark all that apply		
Blindness Glaucoma Lazy Eye TB Cancer Heart Disease Macular Degeneration Cataracts High Blood Pressure Retinal Disease Ocular Surgeries (please mark all that apply) No prior ocular surgery Foreign Body Removal RK Blepharoplasy Retinal Laser Surgery Strabismus Surgery Cataract Surgery LASIK/PRK Trabeculectomy (Glaucoma Surgery) Corneal Transplant Punctal Plugs Vitrectomy Social History: Circle Y or N Alcohol Use: Y N Tobacco Use: Y N Computer Use: Y N If yes, how many hours a day do you use computer? Are you Pregnant? Y N If yes, when is your due date? The above information is true to the best of my knowledge.	Arthritis	Diabetes		Kidney Disease		Stroke	1
Cancer Heart Disease Macular Degeneration Cataracts High Blood Pressure Retinal Disease Ocular Surgeries (please mark all that apply) No prior ocular surgery Foreign Body Removal RK Blepharoplasy Retinal Laser Surgery Strabismus Surgery Cataract Surgery LASIK/PRK Trabeculectomy (Glaucoma Surgery) Corneal Transplant Punctal Plugs Vitrectomy Social History: Circle Y or N Alcohol Use: Y N Tobacco Use: Y N Computer Use: Y N If yes, how many hours a day do you use computer? Are you Pregnant? Y N If yes, when is your due date? The above information is true to the best of my knowledge.	Blindness						+
Cataracts High Blood Pressure Retinal Disease Ocular Surgeries (please mark all that apply) No prior ocular surgery Foreign Body Removal RK Blepharoplasy Retinal Laser Surgery Strabismus Surgery Cataract Surgery LASIK/PRK Trabeculectomy (Glaucoma Surgery) Corneal Transplant Punctal Plugs Vitrectomy Social History: Circle Y or N Alcohol Use: Y N Tobacco Use: Y N Computer Use: Y N If yes, how many hours a day do you use computer? Are you Pregnant? Y N If yes, when is your due date? The above information is true to the best of my knowledge.	Cancer Heart I		ise	e Macular Degen			1
No prior ocular surgery Foreign Body Removal RK Blepharoplasy Retinal Laser Surgery Strabismus Surgery Cataract Surgery LASIK/PRK Trabeculectomy (Glaucoma Surgery) Corneal Transplant Punctal Plugs Vitrectomy Social History: Circle Y or N Alcohol Use: Y N Tobacco Use: Y N Computer Use: Y N If yes, how many hours a day do you use computer? Are you Pregnant? Y N If yes, when is your due date? The above information is true to the best of my knowledge.	Cataracts	High Blood	Pressure				
Blepharoplasy Cataract Surgery LASIK/PRK Trabeculectomy (Glaucoma Surgery) Corneal Transplant Punctal Plugs Social History: Circle Y or N Alcohol Use: Y N Tobacco Use: Y N Computer Use: Y N If yes, how many hours a day do you use computer? Are you Pregnant? Y N If yes, when is your due date? The above information is true to the best of my knowledge.	Ocular Surgeries (please ma	ark all that appl	y)			1	
Cataract Surgery Corneal Transplant LASIK/PRK Punctal Plugs Vitrectomy Social History: Circle Y or N Alcohol Use: Y N Tobacco Use: Y N Computer Use: Y N If yes, how many hours a day do you use computer? Are you Pregnant? Y N If yes, when is your due date? The above information is true to the best of my knowledge.							
Corneal Transplant Punctal Plugs Vitrectomy Social History: Circle Y or N Alcohol Use: Y N Tobacco Use: Y N Computer Use: Y N If yes, how many hours a day do you use computer? Are you Pregnant? Y N If yes, when is your due date? The above information is true to the best of my knowledge.	Blepharoplasy						
Social History: Circle Y or N Alcohol Use: Y N Tobacco Use: Y N Computer Use: Y N If yes, how many hours a day do you use computer? Are you Pregnant? Y N If yes, when is your due date? The above information is true to the best of my knowledge.	Cataract Surgery		LASIK/PRK		Trabeculecto		
Alcohol Use: Y N Tobacco Use: Y N Computer Use: Y N If yes, how many hours a day do you use computer? Are you Pregnant? Y N If yes, when is your due date? The above information is true to the best of my knowledge.	Corneal Transplant		Punctal Plugs Vi		Vitrectomy		
Tobacco Use: Y N Computer Use: Y N If yes, how many hours a day do you use computer? Are you Pregnant? Y N If yes, when is your due date? The above information is true to the best of my knowledge.	•	<u>I</u>					
Computer Use: Y N If yes, how many hours a day do you use computer? Are you Pregnant? Y N If yes, when is your due date? The above information is true to the best of my knowledge.							
Are you Pregnant? Y N If yes, when is your due date? The above information is true to the best of my knowledge.		If yes how man	ny hours a day de	o voli lise comr	nuter?		
The above information is true to the best of my knowledge.	1						
Signature: Date:	-						
	Signature:			D	ate:		