Patient Information • Medical History

Name:				Date:	
First	Mid.	Last			
Address:		City:		State:Zip:	
Birth Date:	Social Securit	.y#	Home I	hone#	
Work Phone#	Cell Phone#		Email Address:		
Place of Employment •					
Occupation					
Date of Last Eye Exam:	Location of Las	st Exam:			
Billing and Insurance Information	Primary Care I	Physician			
Responsible Party:					
Social Security #					
Primary Vision Insurance					
Subscriber Name			Place Employed		
Birth Date	Sor	cial Security # or II	D#		
Medical History Do you have any allergies to medicat If yes, please explain List any medications you take (includ					
List all major injuries, surgeries, and/	or hospitalizations				
Check if you have had: Crossed Eye	s □ • Lazy Eye □ • Droopii	ng Eyelids □ • Gla	aucoma □ • Retinal Disease □ • C	ataracts □ • Infections or	r injuries
☐ Are you pregnant or nursing? Yes ☐	No 🗆				
,					
Do you wear glasses? Yes □ No □	If yes, how old are yo				
Do you wear contacts? Yes □ No □	If yes, how old is you	ur current pair?	What type? Rigid □ Soft □	□ Other □	
Family History	to arondooronto ciblingo o	.bildran) for the fall	oving conditions.		
Please note any family history (paren		,	-		
Cataracts				_	
Crossed Eyes		•			
Glaucoma					
Macular Degeneration			·		
Retinal Detachment or Disease					
Arthritis	Yes□ No□ Relation	onship		-	
Cancer	Yes□ No□ Relatio	onship		_	

Heart Disease		1 €5∟	No□	Relationship			
		Yes⊏	No□	Relationship			
High Blood Pressure		Yes□	No□	Relationship			
Social History This informati	on ie ka	ent con	idential	. However you may discuss this portion directly wi	ith the d	octor if	vou prefer
		-		"social history" information directly with the doct			-
	•		,	,	`		,
Oo you drive? Yes □ No □	If yes, d	o you ha	ave any	visual difficulty when driving? Yes □ No □ If yes, p	lease de	scribe:_	
					_		
o you use tobacco products? Y				vhat type, amount, and for how long?			
o you drink alcohol? Yes □ N				unt, and for how long?			
o you use illegal drugs? Yes □] No □	If y	es, wha	t type, amount, and for how long?			····
Have you ever been exposed or in	nfected v	with?	Gonorri	nea □ Hepatitis □ HIV □ Syphilis □ Date of	Diagnos	is	
Review of Systems							
Do you currently, or have you eve	r, had a	ny proh	em in th	e following areas?			
	YES	NO	?	-	YES	NO	?
Constitutional Fever, Weight Loss/Gain	1 E S		f	<u>Ears, Nose, Mouth, Throat</u> Allergies, Hay Fever	1 E3		f
ntegumentary				Sinus Congestion			
Skin				Runny Nose		_	
leurological				Post-Nasal			
Headaches				Chronic Cough			
Migraines				Dry Throat/Mouth			
Seizures				Respiratory			
yes	_	_	_	Asthma			
Loss of Vision				Chronic Bronchitis		_	
Blurred Vision	_	_	_	Emphysema	_	_	
Distorted Vision / Halos				Vascular / Cardiovascular			
Loss of Side Vision				Diabetes			
Dryness				Heart Pain			
Mucous Discharge				High Blood Pressure			
Redness				Vascular Disease			
Sandy and Gritty Feeling				<u>Gastrointestinal</u>			
Itching				Diarrhea			
Burning				Constipation			
Foreign Body Sensation				<u>Genitourinary</u>			
Excess Tearing / Watering				Genitals / Kidneys / Bladder			
Excoor rouning / tratoring				Bones / Joints / Muscles			
Glare / Light Sensitivity				Rheumatoid Arthritis			
Glare / Light Sensitivity Eye Pain or Soreness		ш					
Glare / Light Sensitivity Eye Pain or Soreness				Muscle Pain			
Glare / Light Sensitivity Eye Pain or Soreness				Muscle Pain Joint Pain			
Glare / Light Sensitivity Eye Pain or Soreness Chronic Infections of Eye or Lid Sties Flashes / Floaters in Vision							
Glare / Light Sensitivity Eye Pain or Soreness Chronic Infections of Eye or Lid Sties Flashes / Floaters in Vision Tired Eyes				Joint Pain <u>Lymphatic / Hematological</u> Anemia			
Glare / Light Sensitivity Eye Pain or Soreness Chronic Infections of Eye or Lid Sties Flashes / Floaters in Vision Tired Eyes Endocrine				Joint Pain <u>Lymphatic / Hematological</u> Anemia Bleeding Problems			
Glare / Light Sensitivity Eye Pain or Soreness Chronic Infections of Eye or Lid Sties Flashes / Floaters in Vision Tired Eyes				Joint Pain <u>Lymphatic / Hematological</u> Anemia			