

Acct#: _____ Patient: _____ Date: _____

Yes No Have you been treated for any **EYE conditions** for had any **EYE surgeries**?

Condition/Surgery	Eye(s)	Approximate Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yes No Are you currently using any **eye drops** or **eye vitamins**?

Medication	Eye(s)	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any of the following **health conditions**?

- Yes No Type I Diabetes Year diagnosed _____
- Yes No Type II Diabetes Year diagnosed _____
- Yes No High blood pressure Describe _____
- Yes No High cholesterol Describe _____
- Yes No Heart disease Describe _____
- Yes No Kidney disease Describe _____
- Yes No Lung disorders Describe _____
- Yes No Stomach disorders Describe _____
- Yes No Musculoskeletal Describe _____
- Yes No Neurological Describe _____
- Yes No Blood disorders Describe _____
- Yes No Cancer Describe _____
- Yes No Other Describe _____

Yes No Have you had any **OTHER surgeries**, not including eye surgeries?

Type of Surgery	Approximate Date
_____	_____
_____	_____
_____	_____
_____	_____

Please list all of your current **medications and dosages**, including vitamins and supplements.

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

Yes No Do you have any **allergies** to medications or foods? If so, describe reaction.

Allergy	Reaction
_____	_____
_____	_____
_____	_____
_____	_____

Yes No Is there any **family history** of the following conditions?
If so, please state relationship (mother, father, sister, etc...)

Condition	Relationship
Diabetes	_____
Glaucoma	_____
Retinal detachment	_____
Macular degeneration	_____

Smoking history: Never Former Current, some days Current, every day

Alcohol intake: None Occasional/social 1-2 drinks per day 3 or more per day