

Patient Health History

Problems with the eyes are often related to problems with the rest of the body.
 If you have or have ever had any of the following: **Please, circle only those that apply.**

Asthma
 Chronic bronchitis
 Emphysema
 Shortness of breath
 Ulcers
 Liver disease
 Intestinal problems
 Colon problems
 Temporary weakness
 Tingling
 Numbness
 Seizures
 Stroke
 Arthritis
 Back Pain
 Neck Pain
 Diabetes*
 Other: _____

Dialysis
 Kidney transplant
 Kidney failure
 Frequent thirst
 Frequent urination
 Bladder problems
 Use of Plaquenil
 Thyroid disease
 Hormonal changes
 Anemia
 HIV or AIDS
 Hepatitis
 Precancers
 Rosacea
 Treatment for Acne
 Eczema
 Psoriasis

Cancer _____
 Use of Tamoxifen
 Radiation therapy
 Chemotherapy
 High blood pressure
 Coronary Artery Disease
 Pacemaker

Have you ever smoked cigarettes? _____

If you quit, what year did you quit? _____

If current smoker, How many packs per day? _____

Do you drink any alcohol? _____

Are you Pregnant? Yes No

Are you nursing? Yes No

**Diabetic patients only*

When were you diagnosed with Diabetes? _____ How often do you check your blood sugar? _____

Are you insulin dependent? Yes No If Yes, how many years? _____

Do you home monitor your blood sugar (BS)? Yes No

What does your BS average? _____ Highest BS _____ Lowest BS _____

Last HbA1C _____ (number that tells you what your BS has been for 3 months)

What Physician follows your Diabetes? _____

Family Health History

Which, if any, blood relatives have had the following? Please note who has had the condition.

If it is a grandparent please note whether Maternal or Paternal.

Arthritis _____
 Diabetes _____
 Heart Disease _____
 High blood pressure _____
 Stroke _____
 Other _____

Cataracts _____
 Glaucoma _____
 Macular Degeneration _____
 Other Eye Disease _____

Medications

List all medications that you are currently taking, including eye drops, vitamins, over the counter medications or supplements.

Allergies _____

Primary Care Physician _____ Last Physical _____

Pharmacy _____