Patient Health History

Name: _____ Date of Birth: _____

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, <u>circle</u> 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 _____