

Patient Name

DOB

What is your general health status? Excellent Good Fair Poor

List any medications you are taking. _____

Do you have allergies to any medications? Yes No If yes, explain: _____

Do you have general allergies? Yes No Allergic to what? _____
 What happens? _____

Are you pregnant? Yes No If yes, how many months? _____

List all major illnesses, injuries, surgeries and/or hospitalizations within the last 10 years. _____

Date of your last eye examination _____ Do you wear eyeglasses? Yes No

Do you wear contact lenses? Yes No If yes, what type? _____

Current eyedrops _____

List all current or past eye diseases, eye injuries, or eye surgeries. _____

FAMILY HISTORY

Please **check** to indicate if any member of your family has had these diseases.
 (Family history includes your parents, grandparents, siblings, and your children.)

Relationship To You

Relationship To You

- | | |
|--------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Blindness _____ | <input type="checkbox"/> Cataract _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Glaucoma _____ |
| <input type="checkbox"/> Heart Disease _____ | <input type="checkbox"/> Macular Degeneration _____ |
| <input type="checkbox"/> High Blood Pressure _____ | <input type="checkbox"/> Arthritis _____ |
| <input type="checkbox"/> Thyroid Disease _____ | <input type="checkbox"/> Stroke _____ |
| <input type="checkbox"/> Other Inherited Disease _____ | <input type="checkbox"/> Cancer _____ |

SOCIAL HISTORY

This information is a protected part of your medical record. It is confidential. If you prefer,
 you may discuss this portion of your medical history directly with the doctor.

Does your vision limit activities of daily living? (driving, reading, working, etc) Yes No

If yes, please describe. _____

Marital Status Single Married Divorced Widow / Widower

Living Arrangements Live by Yourself Live with Spouse Live with Children
 Live with Parents Assisted Living Nursing Home

Employment Status Employed Self-Employed Retired
 Homemaker Medical Disability Unemployed

