## MEDICAL HISTORY QUESTIONNAIRE

NAME:	_ D.O.I	В		DATE:
Date of last eye exam:	_ Refer	red by:		
PREFERRED METHOD OF CONTACT: [ ] Home phone	e [ ] Cell <sub>l</sub>	phone [	] E-mail [ ] Mai	l [ ] Text [ ] Other:
PRIMARY PHYSICIAN:			PHO	NE:
PHARMACY:		PHO	ONE:	FAX:
RACE: Please pick one [ ] American Indian or Alaskan [ ] Native Hawaiian or other Pa				
ETHNICITY: Please pick one [ ] Hispanic or Latino PREFERRED LANGUAGE:	[ ] Noi	n-Hispaı	nic or Non-Latino	[ ] Unknown or Decline to provide
Do you have any <b>ALLERGIES</b> to any medications (includ	ling eye dr	ops, foo	d, animals, hay fe	ver, etc.)? [ ] YES [ ] NO
IF YES, list all the medications, substances, and type of allo	ergic react	ions:		
Please list all <b>MEDICATIONS</b> that you currently take ar and over the counter meds (list the strength and how often you			you are taking th	nem, including EYE MEDICATIONS
Medications and reason		· I	Strength (dose)	Frequency (how often)
EYE HISTORY: Have you ever been told you have any of	f the follow	ving eye	conditions?	
	YES	NC	Explanation (y surgery/laser)	year diagnosed, dates of
Do you currently wear glasses?			If yes, how lor	ng have you had current pair?yrs
Amblyopia (a lazy eye)				
Cataracts				
Glaucoma (high eye pressure, optic nerve damage, visual field defects)				
Macular degeneration				
Retinal tear or detachment			If yes, how wa	as it treated ? [ ] Freezing/laser
Strabismus (crossed eyes)				
Other				

MEDICAL HISTORY AND REVIEW OF SYSTEMS: Have you ever been DIAGNOSED with any of the following illnesses or do you CURRENTLY have any SYMPTOMS/PROBLEMS in any of the following areas? Please check the box if listed, or write in the diagnoses under "other".

SYSTEM							SYM	PTOMS/PROBLEM	IS	YES					NO	
GENERAUCONSTITUTIONAL			F	ever												
HEAD,EYES, EARS, NOSE, THROAT		Si	Sinus problems													
_ ,, , , , , , , , , , , , ,			Н	Hearing loss												
RESPIRATORY					A	sthr	na									
CARDIOVASCUI	LAR				A	rrhy	thmi	a								
GASTROINTESTINAL			V	Vomiting												
METABOLIC/ ENDOCRINE			Н	eat	ntole	rance										
NEUROLOGICAL			В	alan	ce di	sturbances										
NEUROLOGICAL INTEGUMENTARY		D	ry s	kin												
					R	ash										
MUSCULOSKEL	ETAL				Jo	oint	swell	ing								
HEMATOLOGIC/ LYMPHATIC			В	leed	ing											
OTHER (Anythi	ing for whi	ch vou	500.0													
health care provi	der on a re	gular b	asis)	)												
AMILY HISTORY	M = 1	nother		F =	fathe	r	B =	= brother $S = sis$	ster G	P = gran	dparer	nt	(	C = c	child	
	I		DE					1								
DISEASE	I	0	RE M	LA	fathe	SH	P	DISEASE	YES	SP = gran				ON	SHIF	
<b>DISEASE</b> Blindness	I	0	M	E <b>LA</b> T	FION B S	SHI G	Г <b>Р</b> Р С	DISEASE Cataracts Maguler			M	REL F	ATI B	ON S	SHII GP	(
<b>DISEASE</b> Blindness	I	0	M M	F I	FION B S B S	G G	P C	DISEASE Cataracts Macular Degeneration			M M	REL F F	ATI B B	S S	GP GP	(
DISEASE Blindness Glaucoma	I	(O	M M M	F F	FION B S B S	G G	P C	DISEASE Cataracts Macular Degeneration Diabetes			M M M	F F	ATI B B	S S	GP GP	(
DISEASE Blindness Glaucoma Cancer	I	0	M M M	F F F	FION B S B S B S	G G G	P CP CP C	DISEASE  Cataracts  Macular  Degeneration  Diabetes  Kidney disease			M M M M	F F F	ATI B B B	S S S	GP GP GP	
DISEASE Blindness Glaucoma Cancer Heart disease	ı	0	M M M M	F 1 F 1 F 1	TION B S B S B S B S	G G G G	P C P C P C	DISEASE  Cataracts  Macular  Degeneration  Diabetes  Kidney disease  Arthritis			M M M M M	F F F F	ATI B B B B	S S S S	GP GP GP GP	
DISEASE Blindness Glaucoma Cancer Heart disease Hypertension	ı	0	M M M M M	F 1 F 1 F 1	B S B S B S B S	G G G G	P CP	DISEASE  Cataracts  Macular  Degeneration  Diabetes  Kidney disease  Arthritis  Stroke			M M M M M M	F F F F F	B B B B B	S S S S	GP GP GP GP GP	
DISEASE Blindness Glaucoma Cancer Heart disease Hypertension Lupus	ı	0	M M M M	F 1 F 1 F 1	B S B S B S B S	G G G G	P CP	DISEASE  Cataracts  Macular  Degeneration  Diabetes  Kidney disease  Arthritis  Stroke			M M M M M M	F F F F	B B B B B	S S S S	GP GP GP GP GP	
DISEASE Blindness Glaucoma Cancer Heart disease Hypertension Lupus Thyroid disease	ı	0	M M M M M	F 1 F 1 F 1	B S B S B S B S	G G G G	P CP	DISEASE  Cataracts  Macular  Degeneration  Diabetes  Kidney disease  Arthritis  Stroke			M M M M M M	F F F F F	B B B B B	S S S S	GP GP GP GP GP	
DISEASE Blindness Glaucoma Cancer Heart disease Hypertension Lupus Thyroid disease	YES N	0	M M M M M M	F 1 F 1 F 1 F 1	B S B S B S B S B S	G G G G	P CP	DISEASE  Cataracts  Macular  Degeneration  Diabetes  Kidney disease  Arthritis  Stroke	YES	NO	M M M M M M M	F F F F F	B B B B B	S S S S	GP GP GP GP GP	
DISEASE Blindness Glaucoma Cancer Heart disease Hypertension Lupus Thyroid disease OCIAL HISTORY Have you ever sn	YES N	YES	M M M M M M M I M I M I M I M I M I M I	F 1 F 1 F 1 F 1 F 1 F 1 F 1 F 1 F 1 F 1	B S S S S S S S S S S S S S S S S S S S	G G G G G G	PP C	DISEASE  Cataracts  Macular  Degeneration  Diabetes  Kidney disease  Arthritis  Stroke  Other	YES	NO Age s	M M M M M M M	F F F F F d:	B B B B B	S S S S	GP GP GP GP GP	
DISEASE Blindness Glaucoma Cancer Heart disease Hypertension Lupus Thyroid disease OCIAL HISTORY Have you ever sn Tobacco Type:	YES N	YES	M M M M M M M M M M M M M M M M M M M	F 1 F 1 F 1 F 1 NO	S	G G G G G G	PP C	DISEASE  Cataracts  Macular  Degeneration  Diabetes  Kidney disease  Arthritis  Stroke  Other  Age started:	YES	NO Age s	M M M M M M M M	F F F F F d:	B B B B B	S S S S	GP GP GP GP GP	
DISEASE Blindness Glaucoma Cancer Heart disease Hypertension Lupus Thyroid disease OCIAL HISTORY Have you ever sn Tobacco Type:	YES N	YES te [	M M M M M M M M M M M M M M M M M M M	F F NO gar	B S S S S S S S S S S S S S S S S S S S	G G G G G G G G G G G G G G G G G G G	PP C PP C PP C PP C PP C	DISEASE  Cataracts  Macular  Degeneration  Diabetes  Kidney disease  Arthritis  Stroke  Other  Age started:  [ ] Chewing [ ]	YES	Age s	M M M M M M Stoppe Snuff	F F F F d:	B B B B B	S S S S	GP GP GP GP GP	
DISEASE Blindness Glaucoma Cancer Heart disease Hypertension Lupus Thyroid disease OCIAL HISTORY Have you ever sn Tobacco Type:  ADVANCE DIR I have: [ ] Livi	noked? [ ] [ ] Cigaret	YES (check	M M M M M M M C C C C C C C C C C C C C	F	B S B S B S B S B S B S	G G G G G G G G G G G G G G G G G G G	PP COPP COPP COPP COPP COPP COPP COPP C	DISEASE  Cataracts  Macular  Degeneration  Diabetes  Kidney disease  Arthritis  Stroke  Other  Age started:	YES	Age s	M M M M M M Stoppe Snuff	F F F F d:	B B B B B	S S S S	GP GP GP GP GP	
DISEASE Blindness Glaucoma Cancer Heart disease Hypertension Lupus Thyroid disease OCIAL HISTORY Have you ever sn Tobacco Type:  ADVANCE DIR I have: [ ] Livi	noked? [ ] [ ] Cigaret	YES (check	M M M M M M M C C C C C C C C C C C C C	F	B S B S B S B S B S B S	G G G G G G G G G G G G G G G G G G G	PP COPP COPP COPP COPP COPP COPP COPP C	DISEASE  Cataracts  Macular Degeneration  Diabetes  Kidney disease  Arthritis  Stroke  Other  Age started:  [ ] Chewing [ ]	YES	Age s	M M M M M M Stoppe Snuff	F F F F d:	B B B B B	S S S S	GP GP GP GP GP	
DISEASE Blindness Glaucoma Cancer Heart disease Hypertension Lupus Thyroid disease OCIAL HISTORY Have you ever sn Tobacco Type:  ADVANCE DIR I have: [ ] Livi I am interested in	noked? [ ] Cigared RECTIVES ing Will receiving in	YES te [ (check	M M M M M M M M M M M M M M M M M M M	F F F NO sgar that a regar	B S B S B S B S B S B S C C C C C C C C C C C C C C C C C C C	G G G G G G G G G G G G G G G G G G G	P C P C P C P C P C P C P C P C P C P C	DISEASE  Cataracts  Macular Degeneration  Diabetes  Kidney disease  Arthritis  Stroke  Other  Age started:  [ ] Chewing [ ] [ ]  A) Type of POA  e Directives [ ] Yes	YES  Smokeless	NO Age s	M M M M M Stoppe Snuff	F F F F Gd:	B B B B B	S S S S	GP GP GP GP GP	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (
Blindness Glaucoma  Cancer Heart disease Hypertension Lupus Thyroid disease OCIAL HISTORY Have you ever sn Tobacco Type:  ADVANCE DIR I have: [ ] Livi	noked? [ ] [ ] Cigaret  EECTIVES  ing Will  receiving i	YES te [ (check	M M M M M M O M M M M M M M M M M M M M	F F NO gar that a regar	B S B S B S B S B S C C C C C C C C C C C C C C C C C C C	G G G G G G G G G G G G G G G G G G G	P C P C P C P C P C P C P C P C P C P C	DISEASE  Cataracts  Macular Degeneration  Diabetes  Kidney disease  Arthritis  Stroke  Other  Age started:  [ ] Chewing [ ] and a part of POA  the Directives [ ] Yes  Date	YES	Age s	M M M M M Stoppes	F F F Gd:	B B B B B	S S S S	GP GP GP GP GP	