

Surgeries

Family History

Have any family members had these diseases? If YES, please indicate ONLY: grandfather/grandmother, father/mother, brother/sister, son/daughter

Macular Degeneration: _____

Glaucoma: _____

Retinal Detachment: _____

Blindness: _____

Heart Disease: _____

Stroke: _____

Diabetes: _____

Kidney Disease: _____

Thyroid Problems: _____

Lung Disease: _____

Cancer: _____

Other: _____

Social History

Marital Status: _____

Occupation: _____

Tobacco Use: _____

Alcohol Use: _____