

**MEDICAL HISTORY**

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date \_\_\_\_\_

Patient Signature \_\_\_\_\_

Gender  Male  Female (Check One)

Race \_\_\_\_\_

**PAST OCULAR HISTORY**

**PAST MEDICAL HISTORY**

**SURGICAL HISTORY**

For the following conditions please check (√):

- |   |  |  |
|---|--|--|
| <input type="radio"/> Cataract                      | <input type="radio"/> Diabetes                 | <input type="radio"/> Hepatitis            |
| <input type="radio"/> Glaucoma                      | <input type="radio"/> Hypertension             | <input type="radio"/> Migraines            |
| <input type="radio"/> Macular Degeneration          | <input type="radio"/> Coronary Artery Disease  | <input type="radio"/> Arthritis            |
| <input type="radio"/> Posterior Vitreous Detachment | <input type="radio"/> Heart Attack             | <input type="radio"/> Anemia               |
| <input type="radio"/> Retinal Hole                  | <input type="radio"/> Congestive Heart Failure | <input type="radio"/> Elevated Cholesterol |
| <input type="radio"/> Retinal Detachment            | <input type="radio"/> Arrhythmia               | <input type="radio"/> Lyme Disease         |
| <input type="radio"/> Strabismus (Crossed Eye)      | <input type="radio"/> Heart Blockage           | <input type="radio"/> Syphilis             |
| <input type="radio"/> Amblyopia (Lazy Eye)          | <input type="radio"/> Asthma                   | <input type="radio"/> Rosacea              |
| <input type="radio"/> Eye Infections                | <input type="radio"/> Emphysema/Bronchitis     | <input type="radio"/> Stroke               |
| <input type="radio"/> Dry Eye Syndrome              | <input type="radio"/> Tuberculosis             | <input type="radio"/> Herpes Simplex Virus |
| <input type="radio"/> Blepharitis                   | <input type="radio"/> Kidney Disease           | <input type="radio"/> Herpes Zoster Virus  |
| <input type="radio"/> Ptosis                        | <input type="radio"/> Liver Disease            | <input type="radio"/> Lupus                |
| <input type="radio"/> Blocked Tear Duct             | <input type="radio"/> Thyroid Disease          | <input type="radio"/> Sarcoidosis          |
| <input type="radio"/> Contact Lens Wearer           | <input type="radio"/> Seasonal Allergies       | <input type="radio"/> Multiple Sclerosis   |
|   | <input type="radio"/> HIV/AIDS                 | <input type="radio"/> Sjogren's Syndrome   |

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**PAST OCULAR SURGERIES**

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**OCULAR MEDICATIONS**

**GENERAL MEDICATIONS**

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CURRENTLY NOT TAKING ANY MEDICATIONS

**DRUG ALLERGIES** For any of the following Drug Allergies please check (√):

- Penicillin       Sulfa       Iodine/Betadine/Shellfish       Local Anesthetics/Novocain       Adhesive Tape
- Other: \_\_\_\_\_

**SEE OTHER SIDE**