



Byrd Eye Clinic
 3677 Fort Street
 Lincoln Park, MI, 48146
 313.383.1300

Circle or List any Medical History

Year Diagnosed

Diabetes (If yes, Insulin or NonInsulin)	_____
High Blood Pressure	_____
High Cholesterol	_____
Asthma	_____
Emphysema or COPD	_____
Arthritis	_____
Sjogren's Syndrome	_____
Arrhythmia / Pacemaker	_____
Coronary Artery Disease (Heart Attack)	_____
Congestive Heart Failure	_____
Heart Murmur	_____
Stroke	_____
Angina	_____
Thyroid Disease	_____
Prostate Enlargement or Cancer	_____
HIV/AIDS	_____
Bleeding Problems	_____
Depression	_____
Alzheimer's or Dementia	_____
Seizures	_____
Anxiety or Panic Attacks	_____
Cancer (Type): _____	_____
_____	_____
_____	_____

Do you Smoke? YES NO FORMER SMOKER

If yes/former: Packs/Day: _____ Years Smoked: _____

Do you consume Alcohol? YES NO If yes, drinks/day: _____ per week _____

Do you consume Caffeine? YES NO If yes, cups/day: _____

Ever used Recreational Drugs: YES NO If yes, type: _____



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Circle or List any Medications you are currently taking:

Advil / Ibuprofen
Aspirin / Ecotrin / 81 mg aspirin
Amiodarone/Cordarone/Pacerone
Acricept
Atarax
Atenolol
Benicar
Bumex
Calan / Verapamil
Capoten / Captopril
Cardizem
Cardura
Catapress
Celebrex
Coreg
Coumadin
Crestor
Detrol
Ditropan
Diazide /hydrochlorothiazide
Elavil / amitryptilline
Evista
Flomax
Glucophage / Metformin
Glucotrol / Glipizide / Glucovance = gliburide + Metformin
Glyburide / Micronase / Diabeta
Humalog /Insulin / Humulin / Lantas / Novolog
Levoxyl
Lipitor
Lopressor / Toprol / Metoprolol
Naprosyn
Nexium
Plaquenil
Plavix
Procardia / Nifedipine
Paxil /Wellbutrin / Valium / Prozac / Xanax
Pravocol
Premarin
Synthroid
Viagra / Cialis

Other Medicines:

If you need refills on your eyedrops, do you get them filled for 90-day supply (mail-in) or monthly via your local Pharmacy?