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|---|---------------------|----------|----------|--|----------|----------|
| <b>Date</b> _____<br><b>Name</b> _____<br><b>Primary Dr :</b> _____<br><b>Primary Dr Ph #</b> _____<br><b>Pharmacy :</b> _____<br><b>Pharmacy Ph#</b> _____<br><b>Please list medications you are currently taking: None</b><br>_____<br>_____<br>_____ | <b>Do you have:</b> |          |          | <b>Do you :</b>                          |          |          |
|   | General Allergies?  | <b>Y</b> | <b>N</b> | Have Glaucoma?                           | <b>Y</b> | <b>N</b> |
|   | Sinus Problems ?    | <b>Y</b> | <b>N</b> | Have Cataracts?                          | <b>Y</b> | <b>N</b> |
|   | Headaches?          | <b>Y</b> | <b>N</b> | High Blood Pressure?                     | <b>Y</b> | <b>N</b> |
|   | Eye pain?           | <b>Y</b> | <b>N</b> | Diabetes?                                | <b>Y</b> | <b>N</b> |
|   | Dry Eyes ?          | <b>Y</b> | <b>N</b> | Do you take insulin?                     | <b>Y</b> | <b>N</b> |
|   | Eye redness?        | <b>Y</b> | <b>N</b> | Have HIV?                                | <b>Y</b> | <b>N</b> |
|   | Eyes burn?          | <b>Y</b> | <b>N</b> | Work with a computer?                    | <b>Y</b> | <b>N</b> |
|   | Eyes itch?          | <b>Y</b> | <b>N</b> | Play sports in which safety Is a factor? | <b>Y</b> | <b>N</b> |
|   | Eyes water?         | <b>Y</b> | <b>N</b> | Drive an excessive amount ?              | <b>Y</b> | <b>N</b> |
| <b>Drug Allergies: None Known</b>   | Eye mucous?         | <b>Y</b> | <b>N</b> | Have a problem with sunlight?            | <b>Y</b> | <b>N</b> |

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| <b>Patient Ocular History</b><br>☼ NONE<br>☼ Glasses<br>☼ Contact Lenses<br>☼ Glaucoma RT LT<br>☼ Retinal Detachment<br>☼ Macular Degeneration<br>☼ Retinitis Pigmentosa<br>☼ Iritis / Uvetitis<br>☼ Cataracts<br>☼ Crossed eyes/<br>Strabismus<br>☼ Ocular migraines<br>☼ field loss<br>☼ photophobia<br>☼ redness<br>☼ itching<br>☼ burning<br>☼ recurrent styes<br>☼ Eye Surgery RT LT<br>☼ Flashes<br>☼ Floaters<br>☼ Recurring styes<br><br><b>Family Ocular History</b><br>☼ Glaucom<br>☼ Retinal detachment<br>☼ Macular degeneration<br>☼ Retinitis Pigmentosa<br>☼ Blindness for any reason<br><br><b>Constitutional</b><br>☼ NONE<br>☼ Developmental disability<br>☼ weight loss<br>☼ fever<br>☼ fatigue<br>☼ trauma<br>☼ Involved in motor vehicle accident | <b>Cardiovascular</b><br>☼ NONE<br>☼ heart disease<br>☼ High blood pressure<br>☼ stroke<br>☼ vascular disease<br>☼ Congestive Heart Failure<br>☼ Family History<br>☼ Surgery<br><br><b>Ear, nose, mouth &amp; throat</b><br>☼ NONE<br>☼ Upper resp tract inf<br>☼ Ear infection<br>☼ sore throat<br>☼ runny nose<br>☼ trouble swallowing<br>☼ Family History<br>☼ Surgery<br><br><b>Respiratory</b><br>☼ NONE<br>☼ cigarette smoker<br>☼ asthma<br>☼ bronchitis<br>☼ emphysema<br>☼ Tuberculosis<br>☼ Lung cancer<br>☼ Family History<br>☼ Surgery<br><br><b>Muskuloskeletal</b><br>☼ NONE<br>☼ fibromyalgia<br>☼ muscular dystrophy<br>☼ osteoarthritis | <b>Integumentary</b><br>☼ NONE<br>☼ eczema<br>☼ rosacea<br>☼ psoriasis<br>☼ Family History<br>☼ Surgery<br><br><b>Neurological</b><br>☼ NONE<br>☼ multiple sclerosis<br>☼ epilepsy<br>☼ head injury<br>☼ stroke _____<br>☼ Alzheimer's<br>☼ Fainting/ Blackouts<br>☼ Dizziness<br>☼ Family History<br>☼ Surgery<br><br><b>Gastrointestinal</b><br>☼ NONE<br>☼ Crohn's<br>☼ colitis<br>☼ ulcer<br>☼ digestive<br>☼ hiatal hernia<br>☼ gallbladder<br>☼ Hepatitis<br>☼ pancreatitis<br>☼ Family History<br>☼ Surgery<br><br><b>Genitourinary</b><br>☼ NONE<br>☼ STD – viral, herpetic, chlamydia<br>☼ Kidney Disease<br>☼ Prostate Cancer<br>☼ Cervical/Uterine/<br>Ovarian Cancer | <b>Genitourinary(cont)</b><br>☼ Pregnant<br>☼ Family History<br>☼ Surgery<br><br><b>Psychiatric</b><br>☼ NONE<br>☼ depression<br>☼ panic disorder<br>☼ schizophrenia<br>☼ Bipolar disorder<br>☼ Family History<br>☼ Surgery<br><br><b>Endocrine</b><br>☼ NONE<br>☼ non-insulin diabetes<br>☼ insulin diabetes<br>☼ thyroid dysfunction<br>☼ hormonal dysfunction<br><br><b>Hematological/ Lymphatic</b><br>☼ NONE<br>☼ anemia<br>☼ Ig volume blood loss<br>☼ leukemia<br>☼ Family History<br>☼ Surgery<br><br><b>Allergic/ Immunologic</b><br>☼ NONE<br>☼ drug/allergy<br>☼ environmental allergy<br>☼ HIV / AIDS<br>☼ rheumatoid arthritis<br>☼ lupus<br>☼ Family History<br>☼ Surgery |
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