

Name _____

Date _____

MEDICAL QUESTIONNAIRE \ EYE HISTORY

What ocular problem brings you here? _____

Do you wear glasses for vision? YES NO

Do you wear contact lenses? _____ Last time changed? _____

Do you have glaucoma? _____ If yes how is it being treated? _____

Have you had cataract surgery? _____

Which eye right _____ Date of Surgery _____ Surgeon _____

left _____ Date of Surgery _____ Surgeon _____

Did you have any other surgery or eye diseases? Yes _____ No _____

Right eye _____ Date _____ Surgeon _____

Left eye _____ Date _____ Surgeon _____

Last eye exam _____ Eye Doctor _____

What did your doctor tell you? _____

MEDICAL - SOCIAL HISTORY

Medical doctor's name _____ Address _____

Were you born prematurely? Yes _____ No _____

Have you ever suffered from any of the following?

	YES	NO		YES	NO
History of weight loss, fever	_____	_____	Joint disease, arthritis	_____	_____
Headaches, sinus, tonsillectomy	_____	_____	Skin disease or breast cancer	_____	_____
Heart condition	_____	_____	Stroke or neurological disease	_____	_____
High blood pressure	_____	_____	History of psychological disorder	_____	_____
Circulatory problems	_____	_____	Thyroid disease	_____	_____
Lung disease	_____	_____	Diabetes, If yes, how long? _____	_____	_____
Ulcers, liver, gall bladder disease	_____	_____	Date of last blood sugar results _____	_____	_____
Do you smoke?	_____	_____	Bleeding disorder, anemia	_____	_____
Do you drink?	_____	_____	Aids or infectious disease	_____	_____
Kidney, bladder, prostate disease	_____	_____	Cancer	_____	_____

List **ALL** medications presently taking, please **include eye drops**

List any medication allergies

Other surgery, illness, or hospitalization not noted above? _____

FAMILY HISTORY

Is there any family history of:	YES	NO	
Cataracts	_____	_____	Relative _____
Glaucoma	_____	_____	Relative _____
Retinal Disease	_____	_____	Relative _____
Diabetes	_____	_____	Relative _____
Hypertension	_____	_____	Relative _____
Anemia	_____	_____	Relative _____
Other eye or systemic disease	_____	_____	Relative _____