Name:

Medical History – check the box to the **LEFT** of problems that apply to you

	Past Ocular History
	Cataracts
	Diabetic retinopathy
	Glaucoma
	Lazy or crossed eye
	Macular degeneration
	Retinal detachment
	Other:

	Systemic Illnesses
	Alzheimers disease
	Arthritis
	Asthma
	Bleeding disorder
	Cancer – Write type:
	Congestive heart failure
	COPD (emphysema)
	Depression
	GERD
	Hearing loss
	Heart attack history
	Heart disease
	Heart murmur
	High cholesterol
	Kidney disease
	Lung disease
	Migraine
	Psychiatric disorder
	Stomach/duodenal ulcer
	Stroke history
	List any other problems:

	Ocular Procedures
	Cataract surgery
	Laser after cataract surgery
	Laser for glaucoma
	LASIK/PRK
	Macular degeneration injections
	Macular hole surgery
	Retinal detachment surgery
	RK surgery
	Strabismus (muscle) surgery
	Glaucoma surgery
	Other:

Head or Eye Injury – write details:

Social History

Do you smoke?	YES	NO
Do you drink alcohol?	YES	NO

Occupation:

Medication allergies (please list)

	General Surgeries
	Arthroscopic knee surgery
	Back surgery
	Coronary angioplasty
	Coronary artery bypass
	Coronary artery stents
	Hip replacement
	Knee replacement
	Mastectomy
	List any other surgeries:

	Diseases that may affect eyes
	Anemia
	Ankylosing spondylitis
	Crohn's disease
	Diabetes, circle type: 1 2
	On insulin? Circle: yes / no
	Graves' disease
	High blood pressure
	Hyperthyroidism
	Hypoglycemia
	Hypothyroidism
	Lupus/auto-immune disease
	Multiple sclerosis
	Plaquenil use
	Psoriasis
	Rheumatoid arthritis
	Sarcoidosis
	Sickle cell disease
	Ulcerative colitis

	Infections
	AIDS/HIV positive
	Chicken pox
	Hepatitis
	Herpes simplex virus
	Histoplasmosis
	Rheumatic/scarlet fever
	Shingles (Herpes zoster)
	Syphilis
	Tuberculosis

Medications: Please provide list or write on reverse side

	Eye Symptoms
	Change in vision (recent)
	Double vision
	Discharge from eyes
	Distorted vision
	Dry eyes
	Floaters
	Flashing lights
	Glare or light sensitivity
	Itching
	Pain in or near eyes
	Red eyes
	Shadow in vision
	Tearing
	Other:

	Family History
	Amblyopia
	Blindness
	Cataract
	Glaucoma
	Macular degeneration
	Retinal detachment
	Anesthesia complications
	Diabetes
	Heart disease
	High blood pressure
	Migraine headaches
	Sickle cell disease
	Stroke or TIA
	Other: