Medical History Questionnaire

Name:						Date:				
DOB:										
List any medications you are currently taking (prescription and non-prescription)										
Do you have any allergies to latex?				YES	NO					
Do you have any allergies to any medications?				YES	NO					
If yes, list the medication	ons:									
					,	v				
Ocular History:	Self	Family Hi	istory		Medical History:	Self	Family History			
Glaucoma	Y/N	Y	/N		Diabetes Type 1	Y/N	Y/N			
Cataracts	Y/N	Y	/N		Diabetes Type 2	Y/N	Y/N			
Macular Degeneration	Y/N	Y	/N		Date Diagnosed with I	Diabetes				
Diabetes	Y/N	Y	/N		Hypertension	Y/N	Y/N			
Dry Eye	Y/N	Y	/N		Heart Attack	Y/N	Y/N			
Lazy Eye	Y/N	Y	/N		CABG	Y/N	Y/N			
Retina Detachments	Y/N	Y	/N		Thyroid	Y/N	Y/N			
Wandering Eye	Y/N	Y	/N		Asthma	Y/N	Y/N			
					Rheumatoid Arthritis	Y/N	Y/N			
					Migraines	Y/N	Y/N			
					Stroke	Y/N	Y/N			
					Cancer	Y/N	Y/N			
					If yes, what type?					
List all major surgeries	and ho	spitalizations	s (cataract,	appended	ctomy, etc)					
					3					
Social History										
Does your vision limit any of your daily living? (driving, reading, work, sports)						YES	NO			
Do you drink alcohol?		YES H	ow much?							
		NO								
Do you smoke?		YES H	low much?	* <u></u>						
		NO H	low long?	Wanted to the second						

Do you currently have any problems in the following areas? If YES – please provide additional information

YES NO Details

EYES (poor vision, eye p	pain, tearing, redness, etc)			
GENERAL / CONSTITU				
weight loss, weight gain,				
EARS / NOSE / THROA				
nose, earache, cough, d				
cardivascular (hig etc.)	h blood pressure, racing pulse,			
RESPIRATORY (conges	stion, wheezing, short of breath, etc			
GASTROINTESTINAL (stomach upset, diarrhea,			
constipation, hernia, ulce				
GENITAL , KIDNEY, BL				
frequent urination, impot				
FEMALES Are you preg				
MUSCLES, BONES, JO				
swelling, cramps, arthriti		a1		
SKIN (pimples, warts, gr				
NEUROLOGICAL (num				
paralysis, etc.)				
PSYCHIATRIC (anxiety,				
ENDOCRINE (diabetes	, thyroid, etc.)			la la
BLOOD / LYMPH (bleed				
problems related to bloo				
ALLERGIC / IMMUNOL	OGIC (sneezing, swelling,			
redness, itching, hiv		is a		
History reviewed (date)	No Changes noted by patient	Changes Listed here	Reviewed by : (tech/dr)	
Doctor	Date	Patient		Date