PATIENT HISTORY FORM

PATIENT NAME:_____

PATIENT DOB: _____

PAST MEDICAL HISTORY

- ☐ ANXIETY
- ☐ ARTHRITIS
- ☐ ASTHMA
- ☐ ATRIAL FIBRILLATION
- ☐ BONE MARROW
- ☐ BPH
- ☐ BREAST CANCER
- ☐ COLON CANCER
- ☐ COPD
- ☐ CORONARY ARTERY DISEASE
- ☐ DEPRESSION
- ☐ DIABETES: TYPE 1 or TYPE 2
- ☐ END STAGE RENAL DISEASE
- ☐ GERD
- ☐ HEARING LOSS
- ☐ HEPATITIS
- ☐ HYPERTENSION
- ☐ HIV/AIDS
- ☐ HIGH CHOLESTEROL
- ☐ HYPERTHYROIDISM
- ☐ HYPOTHYROIDISM
- ☐ LEUKEMIA
- ☐ LUNG CANCER
- ☐ LYMPHOMA
- ☐ PROSTATE CANCER
- ☐ RADIATION TREATMENT
- ☐ SEIZURES
- ☐ STROKE
- ☐ NONE

OTHER :_____

PAST SURGICAL HISTORY

- ☐ APPENDIX REMOVED
- ☐ BLADDER REMOVED
- ☐ MASTECTOMY (Right, Left , Bilateral)
- ☐ LUMPECTOMY (Right, Left , Bilateral)
- ☐ BREAST BIOPSY (Right, Left , Bilateral)
- ☐ COLECTOMY : (Colon Cancer Resection)
- ☐ COLECTOMY: Diverticulitis
- ☐ COLECTOMY: IBD
- ☐ CORONARY ARTERY BYPASS
- ☐ GALLBLADDER REMOVED
- ☐ PTCA
- ☐ MECHANICAL VALVE REPLACEMENT
- ☐ BIOLOGICAL VALVE REPLACEMENT
- ☐ HEART TRANSPLANT
- ☐ JOINT REPLACEMENT, KNEE (Right, Left, Bilateral)
- ☐ JOINT REPLACEMENT, HIP (Right, Left, Bilateral)
- ☐ JOINT REPLACEMENT WITHIN TWO YEARS
- ☐ KIDNEY BIOPSY
- ☐ KIDNEY REMOVED (Right, Left)
- ☐ KIDNEY STONE REMOVED
- ☐ KIDNEY TRANSPLANT
- ☐ OVARIES REMOVED
- ☐ PROSTATE REMOVED
- ☐ PROSTATE BIOPSY
- ☐ SKIN BIOPSY
- ☐ BASAL CELL CANCER SURGERY
- ☐ SQUAMOUS CARCINOMA
- ☐ MELANOMA SURGERY
- ☐ SPLEEN REMOVED
- ☐ TESTICLES REMOVED (Right, Left, Bilateral)
- ☐ HYSTERECTOMY
- ☐ NONE

OTHER: _____

OCULAR HISTORY

- ☐ CATARACT (Left eye, Right eye)
- ☐ CORNEAL DYSTROPHY (Left eye, Right eye)
- ☐ DIABETIC RETINOPATHY (Left eye, Right eye)
- ☐ DRY EYES
- ☐ GLAUCOMA (Left eye, Right eye)
- ☐ MACULAR DEGENERATION (Left eye, Right eye)
- ☐ MACULAR PUCKER (Left eye, Right eye)
- ☐ NARROW ANGLES (Left eye, Right eye)
- ☐ OCULAR HYPERTENSION (Left eye, Right eye)
- ☐ OPHTHALMIC MIGRAINE
- ☐ PSEUDOEXFOLIATION
- ☐ RETINAL TEAR (Left eye,Right eye)
- ☐ STRABISMUS
- ☐ FLOATERS (Left eye,Right eye)
- ☐ NONE

OTHER:_____

PATIENT NAME:_____

PATIENT DOB: _____

OCULAR SURGERY

- ☐ BLEPHAROPLASTY (Left eye, Right eye)
- ☐ CATARACT SURGERY (Left eye, Right eye)
- ☐ CORNEAL TRANSPLANT (Left eye, Right eye)
- ☐ EYE MUSCLE SURGERY
- ☐ INTRAVITREAL INJECTIONS (Left eye, Right eye)
- ☐ LASIK (Left eye, Right eye)
- ☐ PRK (Left eye, Right eye)
- ☐ PTOSIS REPAIR (Left eye, Right eye)
- ☐ PUNCTAL PLUGS (Left eye, Right eye)
- ☐ STRABISMUS SURGERY
- ☐ RETINAL LASER (Left eye, Right eye)
- ☐ TRABECULECTOMY (Left eye, Right eye)
- ☐ TUBE SHUNT (Left eye, Right eye)
- ☐ YAG CAPSULOTOMY (Left eye, Right eye)
- ☐ NONE

OTHER: _____

FAMILY HISTORY

- ☐ BLINDNESS
- ☐ CANCER
- ☐ CATARACTS
- ☐ DIABETES
- ☐ GLAUCOMA
- ☐ HEART DISEASE
- ☐ MACULAR DEGENERATION
- ☐ MIGRAINE
- ☐ RETINAL DETACHMENT
- ☐ STRABISMUS
- ☐ NONE

OTHER: _____

MEDICATIONS: (Please list all current medications)

☐ NONE

_____

_____

_____

_____

_____

ALLERGIES: (Please list all allergies)

☐ NONE

_____

_____

_____

_____

SOCIAL HISTORY

CIGARETTE SMOKING

- ☐ Never smoked
- ☐ Quit: former smoker Year quit
- ☐ Smokes less than daily
- ☐ Smokes daily

ALCOHOL USE

- ☐ None
- ☐ Socially
- ☐ Weekly
- ☐ Daily