Patient Name _____

_____

Primary Care Physician and Clinic Name

_____

Address of Primary Care Physician City State Zip Phone

_____

Referring Physician and Clinic Name

_____

Address of Referring Physician City State Zip Phone

Health History

What is the main reason for today's exam? _____

When was your last **eye exam**? _____ When was your last **health exam**? _____

Past illnesses or injuries: _____

_____

Past surgeries: _____

Current medications: _____

Current eye drops: _____

Medicines that cause reactions or sensitivity: _____

Specific allergies: _____

EYE HISTORY *(check all that apply)*

- ☐ Glaucoma
- ☐ Cataract
- ☐ Macular degeneration
- ☐ Retinal detachment
- ☐ Color blindness
- ☐ Headaches
- ☐ Glare/light sensitivity
- ☐ Tired eyes
- ☐ Amblyopia (lazy eye)
- ☐ Burning
- ☐ Dryness
- ☐ Epiphora (excess tearing/watering)
- ☐ Eye pain or soreness
- ☐ Foreign body sensation
- ☐ Infection of eye or lid (blepharitis, stye)
- ☐ Itching
- ☐ Mucous discharge
- ☐ Ptosis (drooping eyelid)
- ☐ Redness
- ☐ Sandy or gritty feeling
- ☐ Strabismus (eye turn)
- ☐ Blurred vision distance
- ☐ Blurred vision near
- ☐ Distorted vision (halos)
- ☐ Double vision
- ☐ Floaters or spots
- ☐ Fluctuating vision
- ☐ Loss of vision
- ☐ Loss of side vision

GENERAL HEALTH HISTORY *(check all that apply)*

- ☐ Fever
- ☐ Weight loss
- ☐ Other symptoms
- ☐ Ears, nose, throat
- ☐ Cardiovascular (heart, vessels, etc.)
- ☐ Cancer
- ☐ Respiratory (asthma, emphysema, etc.)
- ☐ Gastrointestinal
- ☐ Genital, kidney, bladder
- ☐ Muscles, bones, joints (arthritis, etc.)
- ☐ Skin (acne, warts, skin cancer, etc.)
- ☐ Neurological (multiple sclerosis, etc.)
- ☐ Psychiatric (anxiety, depression, insomnia)
- ☐ Endocrine (diabetes, hypothyroid)
- ☐ Blood/lymph (cholesterol, anemia)
- ☐ Allergic/immunologic (hay fever, lupus)
- ☐ Pregnant ☐ Nursing

FAMILY HISTORY *(check all that apply)*

- ☐ **Family history not known**
- ☐ Amblyopia (lazy eye)
- ☐ Blindness
- ☐ Cataract
- ☐ Color blindness
- ☐ Glaucoma
- ☐ Macular degeneration
- ☐ Retinal detachment
- ☐ Strabismus (eye turn)
- ☐ Arthritis
- ☐ Cancer
- ☐ Diabetes
- ☐ Heart disease
- ☐ High blood pressure
- ☐ Kidney disease
- ☐ Lupus
- ☐ Stroke
- ☐ Thyroid disease
- ☐ Other