Medical History Questionnaire

Name _____ Today's Date _____/_____/_____

Family Doctor _____SS # _____-_____-_____ D.O.B. _____/_____/_____

No_____ Yes _____ Any drug Allergies – List _____

List your medications _____

_____

List any **SERIOUS** eye problems (surgery/Lazy Eye) _____

List any Hobbies/Sports _____

Occupation _____

Social History *This information is kept strictly confidential.*

_____ I would prefer to discuss my Social History information directly with my doctor.

Do you use tobacco products? No Yes Do you drink Alcohol? No Yes

Have you ever been exposed to or infected with: Hepatitis? No Yes HIV? No Yes

Do you drive? No Yes If yes, do you have visual difficulty when driving? No Yes

If yes, please describe: _____

_____

No	Yes		No	Yes		No	Yes	
		Personal Health			**Cardiovascular**			**Lifestyles**
		Pregnant/Nursing			Heart Problems			Wear Glasses
		Fever, Weight Loss/Gain			High Blood Pressure			Wear Contacts
		Skin Problems			High Cholesterol			Use Computer over 1 hr/day
		Loss of Vision			**Respiratory**			Drive over 1 hr/day
		Blurred Vision			Asthma			Outdoors often
		Distorted Vision/Halos			Chronic Bronchitis			**Neurologic**
		Loss of Side Vision			Emphysema			Headaches
		Double Vision			**Joints**			Migraines
		Dryness/Burning			Rheumatoid Arthritis			Seizures
		Mucous Discharge			Osteo Arthritis			**E.N.T.**
		Redness/Gritty Feeling			Gout			Allergies/Hay Fever
		Itching/Tearing			Muscle Pain			Sinus Congestion
		Foreign Body Sensation			Joint Pain			Chronic Cough
		Glare/Light Sensitivity			**Lymph-Blood**			Dry Throat/Mouth
		Eye Pain or Soreness			Anemia			**Respiratory**
		Stye or Chalazion			Bleeding Problems			Asthmas
		Flashes/Floaters in Vision			Immunologic/Cancer			Chronic Bronchitis
		Tired Eyes			Psychiatric			Emphysema
		G.I./Urinary	**No**	**Yes**	**Family History**			**Relationship to you**
		Diarrhea/Constipation			Blindness			
		Kidney/Bladder			Crossed Eyes			
		Endocrine			Glaucoma			
		Thyroid/Other Glands			Macular Degeneration			
		Diabetes			Retinal Detachment			