Patient History Questionnaire

Name: _____ Birth Date: _____ Date: _____

Last eye exam: ____/____/_____ By: _____

Last medical exam: ____/____/_____ Primary Care Physician: _____

Do you wear contacts? ☐ YES ☐ NO Type: _____
Are you pregnant? ☐ YES ☐ NO Due Date: _____
Are you nursing? ☐ YES ☐ NO
Do you smoke? ☐ YES ☐ NO If yes, how much? _____
Do you drink alcohol? ☐ YES ☐ NO If yes, how much? _____

Medications: _____

Allergies to Medications: _____

Eye Surgeries or injuries: _____

Circle any that apply		***Explain***
Eyes Glaucoma, cataracts, macular degeneration, eye injury, retinal disease, cross or drifting eye, lazy eye, dry eyes, double vision, pain, blurred vision	☐ YES ☐ NO	
Constitutional Fever, weight loss, other	☐ YES ☐ NO	
Cardiovascular Heart problems, hypertension, irregular heart beat	☐ YES ☐ NO	
Ears, Nose, Mouth, Throat Hearing loss, sinus problems, sore throat	☐ YES ☐ NO	
Respiratory Asthma, shortness of breath, wheezing, coughing	☐ YES ☐ NO	
Gastrointestinal Heartburn, abdominal pain, diarrhea, vomiting, ulcer	☐ YES ☐ NO	
Genitourinary Kidney failure, ovarian cancer, prostate cancer	☐ YES ☐ NO	
Musculoskeletal Muscle aches, joint pain, swollen ankles	☐ YES ☐ NO	
Integumentary (Skin) Skin rashes, excessive dryness	☐ YES ☐ NO	
Neurological Numbness, weakness, headaches, paralysis, stroke	☐ YES ☐ NO	
Psychiatric Depression, anxiety	☐ YES ☐ NO	
Endocrine Thyroid problems, diabetes	☐ YES ☐ NO	
Hematologic/Lymphatic Blood disorders, leukemia	☐ YES ☐ NO	
Allergic/Immunologic HIV, Lupus, seasonal allergies	☐ YES ☐ NO	
Other	☐ YES ☐ NO	

Family History: Do any medical or eye disease run in your family. If yes, please note relationship to patient.

☐ Glaucoma _____ ☐ High blood pressure _____
☐ Diabetes _____ ☐ Macular degeneration _____

Our top priority is to ensure a safe patient experience during this COVID-19 pandemic. In order to achieve this, we are limiting the number of people in the office. We kindly request that the **patient enters the office building alone**, unless they are a minor or if it is necessary to have someone accompany them. We appreciate your understanding and thank you for your cooperation.

Nuestra principal prioridad es garantizar una experiencia segura para el paciente durante esta pandemia de COVID-19. Para lograr esto, estamos limitando el número de personas en la oficina. Solicitamos que el **paciente ingrese solo al edificio de la oficina**, a menos que sea de edad o si es necesario que alguien lo acompañe. Agradecemos su compresnsión y gracias por su cooperación.