PATIENT HISTORY QUESTIONNAIRE

Today's Date: _____/_____/_____

First Name _____ MI _____ Last _____

Address _____ City _____ State _____ Zip _____

Phone Numbers: Home _____ Work _____ Cell _____

Date of Birth _____/_____/_____ (Age) _____ Last 4 #'s of SS _____ Employer _____

Occupation _____ E-mail _____ Referred by _____

Date of Last Eye Exam _____ Emergency Contact Name _____ Ph #: _____

Primary Vision Coverage _____ Secondary Coverage _____

What is the main purpose of today's visit? Circle one. Routine check-up / Glasses / Contact Lenses / Other _____
Would you like a retinal photograph taken of your eyes today? Yes/No (additional charges may apply)

Medical Information

What is your general health? _____

Do you have problems with any of these systems or conditions? (Please circle yes or no.)

Diabetes	Yes/No	High Blood Pressure	Yes/No	High Cholesterol	Yes/No
Ears/Nose/Throat	Yes/No	Urinary	Yes/No	Blood/Lymph	Yes/No
Cardiovascular	Yes/No	Muscles/Bones	Yes/No	Allergic/Immunologic	Yes/No
Respiratory	Yes/No	Skin Disorders	Yes/No	Headaches	Yes/No
Gastrointestinal	Yes/No	Nervous	Yes/No	Endocrine (glands)	Yes/No

Allergies to any medications Yes/No Which? _____

Other health problems _____

Current medication(s) _____

Have you had any operation? Yes/No Kind? _____ When? _____

Family History

High blood pressure	Yes/No	Relation _____	Macular degeneration	Yes/No	Relation _____
Diabetes	Yes/No	Relation _____	Retinal Detachment	Yes/No	Relation _____
Glaucoma	Yes/No	Relation _____	Cataracts	Yes/No	Relation _____

Personal Eye Information

Have you had any eye operations? Yes/No Type _____ Date _____

Have you had any eye injury? Yes/No Kind _____ Date _____

Do you have glaucoma?	Yes/No	Cataracts?	Yes/No	Dry eyes?	Yes/No
Macular degeneration?	Yes/No	Retinal detachment	Yes/No	Blurred vision?	Yes/No
Do you wear glasses?	Yes/No	Contact lenses?	Yes/No	Strabismus / Lazy eye?	Yes/No

Do you need any forms filled out at the end of the examination? Yes/No
Additional fees may apply for this service. ($20 for DMV forms and $45 for exam summary with assessment and interpretation)