PATIENT HISTORY

PATIENT NAME:		SEX (M/F) DATE:	BIR I	BIRTH DATE	
ADDRESS		CITY	STATE	ZIP	
PHONE REQUEST COPY OF		NTE PRII G - Y/N (CIRCLE ONE)	MARY PHYSICIA	N	
PERSONAL MEDICA	AL INFORMATION (P	ATIENT ONLY). CHEC	CK BOX IF YOU	HAVE CONDIT	ΓΙΟΝ
CARDIOVASCULAI pressure,etc)	R (heart, blood	EAR/NOSE/THROAT	☐ GAS	STROINTESTIN	AL(digestive,etc)
RESPIRATORY(lun	g, etc)	HEADACHES	□ NEF	RVOUS SYSTEM	//(stroke,etc)
MUSCULOSKELET	AL [SKIN	☐ GEN	IITOURINARY(b	oladder,etc)
■ MENTAL/MOOD	C	BNDOCRINE(diabetes,	etc) 🔲 BLC	OD/LYMPH	
ALLERGIC/IMMUN	OLOGIC [SURGERIES			
		ION OR OTHER SUBS		•	one)
OTHER FACTORS DO YOU SMOKE? Y	/N (circle one) DO \	OU DRINK ALCOHOL	-? Y/N (circle one)	
DO YOU SMOKE? Y DO YOU USE ANY F DO YOU TAKE MED	RECREATIONAL DRU	YOU DRINK ALCOHOL JGS? Y/N (circle one) Y/N (circle one) RIBED OR OTC):		,	
DO YOU SMOKE? Y DO YOU USE ANY F DO YOU TAKE MED	RECREATIONAL DRU ICATIONS ? DICATIONS (PRESCR	JGS? Y/N (circle one) Y/N (circle one) RIBED OR OTC):		,	
DO YOU SMOKE? YOU DO YOU USE ANY FOO YOU TAKE MED LIST CURRENT MED DO YOU HAVE ANY	RECREATIONAL DRU ICATIONS ? DICATIONS (PRESCR OF THESE EYE CO	JGS? Y/N (circle one) Y/N (circle one) RIBED OR OTC):			CATARACTS
DO YOU SMOKE? YOU DO YOU USE ANY FOU TAKE MED LIST CURRENT MED DO YOU HAVE ANY DRY EYES	RECREATIONAL DRU ICATIONS ? DICATIONS (PRESCR OF THESE EYE COL	Y/N (circle one) Y/N (circle one) RIBED OR OTC):	■ MACULAR DI	EGENERATION	☐ CATARACTS
DO YOU SMOKE? YOU ON YOU USE ANY FOO YOU TAKE MEDILIST CURRENT CURR	RECREATIONAL DRU ICATIONS ? DICATIONS (PRESCR OF THESE EYE COI EYE SURGERIES WEAR GLASSES	Y/N (circle one) Y/N (circle one) RIBED OR OTC): NDITIONS? EYE INJURIES	■ MACULAR DI	EGENERATION	☐ CATARACTS
DO YOU SMOKE? YOU DO YOU USE ANY FOO YOU TAKE MEDILIST CURRENT	RECREATIONAL DRU ICATIONS ? DICATIONS (PRESCR OF THESE EYE COI EYE SURGERIES WEAR GLASSES	Y/N (circle one) Y/N (circle one) RIBED OR OTC): NDITIONS? EYE INJURIES WEAR CONTACTS	MACULAR DI	EGENERATION	☐ CATARACTS
DO YOU SMOKE? YOU DO YOU USE ANY FOO YOU TAKE MED LIST CURRENT MED DO YOU HAVE ANY DRY EYES BLURRED VISION DO YOU HAVE FAM	RECREATIONAL DRU ICATIONS ? DICATIONS (PRESCR OF THESE EYE COL EYE SURGERIES WEAR GLASSES ILY HISTORY OF TH	Y/N (circle one) Y/N (circle one) Y/N (circle one) RIBED OR OTC): NDITIONS? EYE INJURIES WEAR CONTACTS ESE EYE/MEDICAL C	MACULAR DI RETINAL DE	EGENERATION TACHMENT	☐ CATARACTS
DO YOU SMOKE? YOU DO YOU USE ANY FOO YOU TAKE MEDILIST CURRENT CURRENT MEDILIST CURRENT CU	RECREATIONAL DRU ICATIONS ? DICATIONS (PRESCR OF THESE EYE COR EYE SURGERIES WEAR GLASSES ILY HISTORY OF TH MACULAR DEGENIES RETINAL DETACHI	Y/N (circle one) Y/N (circle one) Y/N (circle one) RIBED OR OTC): NDITIONS? EYE INJURIES WEAR CONTACTS ESE EYE/MEDICAL CERATION BLINDNE	MACULAR DE RETINAL DE SONDITIONS? ESS PIA (LAZY EYE)	EGENERATION TACHMENT DIABETES STROKE SARY MEDICA	CATARACTS GLAUCOMA
DO YOU SMOKE? YOU DO YOU USE ANY FOO YOU TAKE MEDILIST CURRENT CURRENT MEDILIST CURRENT MEDILIST CURRENT MEDILIST CURRENT MEDILIST CURRENT CURRE	RECREATIONAL DRU ICATIONS ? DICATIONS (PRESCR OF THESE EYE COR EYE SURGERIES WEAR GLASSES ILY HISTORY OF TH MACULAR DEGENIA RETINAL DETACHI RVES AS WRITTEN OF FITTING (ELECTIVE	Y/N (circle one) Y/N (circle one) Y/N (circle one) RIBED OR OTC): NDITIONS? EYE INJURIES WEAR CONTACTS ESE EYE/MEDICAL CERATION BLINDNE MENT AMBLYON CONSENT TO DILATIC	MACULAR DE RETINAL DE SONDITIONS? ESS (PIA (LAZY EYE) (CON, ANY NECES) PLIES TO PARE	EGENERATION TACHMENT DIABETES STROKE SARY MEDICA	CATARACTS GLAUCOMA