PATIENT MEDICAL HISTORY

YES NO Pronic fever, fatigue, weight loss/gain? Par/nose/throat problems? Parrnose/throat problems?	NAME			DATE		
NO YES If YES, please list: 3. Do you take any daily medications? NO YES If YES, please list: Do you use any eye drops? NO YES If YES, please list: Please list any DRUG allergies: Please list any DRUG allergies: Please list any of the following systemic problems? YES NO YES NO Please list any DRUG allergies: Please list	-	y medica	al condition	ons? (diabetes, hypertension, arthr	itis, etc)	
NO YES If YES, please list: Do you use any eye drops? NO YES If YES, please list: Please list any DRUG allergies: o you have any of the following systemic problems? YES NO YES NO YES NO Arronic fever, fatigue, weight loss/gain? arronic fever, fatigue, weight loss/gain? Problems? Pouble vision? Dryness? Problems? Problems? Problems? Arronic fever, fatigue, weight loss/gain? Problems? Problems seeing at night? Excessive glare/halos?		y eye dis	sease ? (gla	aucoma, cataract, lazy eye, retina)		
Please list any DRUG allergies: o you have any of the following systemic problems? YES NO YES NO YES NO YES NO YES NO TYES NO YES NO TO STATE STA	· - ·	s?				
very very problems? YES NO YES NO Tronic fever, fatigue, weight loss/gain? Ar/nose/throat problems? Espiratory problems? Espir						
Types NO Types	Please list any DRUG allergies:					
Blurred vision/Eyestrain? pronic fever, fatigue, weight loss/gain? propose/throat problems? eart problems? espiratory problems? intering/Seasonal problems? eurological problems? Elergic/Immunologic? Po any medical or eye diseases run in your Family? Additional questions YES NO Cataracts? Lazy Eye? Glaucoma? Macular degeneration? Are you pregnant? Are you pregnant? Are you nursing? Diabetes? Do you drive? Heart disease? Cancer? Lupus? Thyroid?	o you have any of the following syste	emic pro	blems?	Eye problems?		
Double vision? Dar/nose/throat problems? Bart problems? Dryness? Dryness. D		YES	NO		YES	NO
YES NO Cataracts? Lazy Eye? Glaucoma? Macular degeneration? Arthritis? Diabetes? Heart disease? Cancer? Lupus? Thyroid?	ar/nose/throat problems? eart problems? espiratory problems? eastrointestinal problems? rinary problems? xin problems? usculoskeletal problems? eurological problems? sychiatric problems? ematological/Lymphatic?			Double vision? Dryness? Mucous discharge? Redness? Burning/Gritty feeling? Itching/Seasonal allergies? Tearing/Watering Glare/Light sensitivity? Pain/Soreness? Sties/Chalazion?		
Cataracts? Lazy Eye? Do you drink? Glaucoma? Any infectious disease? Macular degeneration? Arthritis? Are you pregnant? Are you nursing? Diabetes? Do you drive? Heart disease? Cancer? Lupus? Thyroid? Do you smoke? Do you drink? Are you nursing? Problems seeing at night? Excessive glare/halos?	Do any medical or eye diseases run	in your	Family?	Additional question	ns	
Retinal detachment/disease?	Lazy Eye? Glaucoma? Macular degeneration? Arthritis? Diabetes? Heart disease? Cancer? Lupus? Thyroid? Hypertension?	YES	NO	Do you drink? Any infectious disease? Are you pregnant? Are you nursing? Do you drive? Problems seeing at night?	YES	NO

O.D. Signature