



New Patient Medical History

Name: _____ DOB: _____

Gender: ___ Male ___ Female PCP: _____

Eye History

Do you presently wear glasses: ___ Yes ___ No

Do you presently wear contacts: ___ Yes ___ No Brand Name: _____

Past Ocular History

Please check if you have a history of any of the following eye problems:

- ___ Dry Eyes ___ Glaucoma ___ Cataract ___ Patching
___ Eye Surgery ___ Retinal hole ___ Strabismus ___ Nystagmus
___ Inflammation ___ Keratoconus ___ Eye Injury ___ Glaucoma Suspect
___ Amblyopia ___ Macular Degeneration ___ Retinal Degeneration
___ Retinal Detachment ___ Lazy Eye ___ Other: _____

Medications

Are you currently taking any medications: ___ I take no medications

___ Yes – Please list medication you take on a daily basis:

Are you allergic to any medications: ___ NO I am not allergic to any medications

___ Yes – Please list any medications you are allergic to:

Family Medical and Ocular History

Please check if anyone in your immediate family (mother, father, siblings) has any of the following medical conditions:

- | | | |
|--|---|---|
| <input type="checkbox"/> cancer | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Severe Myopia |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Cataract | <input type="checkbox"/> Severe Hyperopia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dry Eyes | <input type="checkbox"/> Amblyopia |
| <input type="checkbox"/> Thyroid Dysfunction | <input type="checkbox"/> Retinal Detachment | <input type="checkbox"/> Glaucoma Suspect |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Macular Degeneration | |

Medical History

Please check if you have any of the following medical conditions:

I have no medical conditions

Constitution:

- Fatigue Syndrome
- Developmental Disabilities
- Cancer

Respiratory:

- Emphysema
- Sleep Apnea
- Bronchitis
- Asthma
- Chronic Obstruction

Integumentary:

- Eczema
- Herpes Zoster/Shingles
- Rosacea
- Herpes Simplex/Cold Sores

Ear, Nose and Throat:

- Sinusitis
- Hearing loss
- Laryngitis
- Dry Mouth

Gastrointestinal:

- Ulcer
- Celiac Disease
- Acid Reflux
- Crohn's

Endocrine:

- Thyroid Dysfunction
- Type 1 Diabetes
- Type 2 Diabetes
- Hormonal Dysfunction

Neurological:

- Migraines
- Cluster Headaches
- Tumor
- Epilepsy
- Stroke/TIA
- Multiple Sclerosis

Psychiatric:

- Depression
- Anxiety Disorder
- Bipolar Disorder
- ADD/ADHD

Genitourinary:

- Benign Prostate
- Kidney Disease
- Nursing
- Pregnant
- STD: Herpes/Chlamydia

Allergic/Immune:

- Environmental Allergies
- Lupus
- Rheumatoid Arthritis
- Drug Allergies
- Sjogren's Syndrome

Cardiovascular:

- Heart Disease
- Congestive Heart Failure
- Vascular Disease
- Stroke/CVA
- Hypertension

Musculoskeletal:

- Osteoarthritis
- Muscular Dystrophy
- Arthritis
- Fibromyalgia
- Gout
- Ankylosing Spondylitis