

Medical History Questionnaire

(Please print clearly. Use the back if you need more space.)

Today's date _____

Name _____

Your Age _____ Your race _____

Who is your usual medical doctor? _____

What is the main reason for your visit? _____

Do you have any of the following symptoms?

- | | |
|--|--|
| ☐ Blurred distance vision | ☐ Glare, halos around lights |
| ☐ Blurred reading vision | ☐ Itching or burning of eyes |
| ☐ Double vision | ☐ Eye mattering or tearing |
| ☐ Wear contact lenses? | ☐ Dry eye ☐ Eye pain |
| ☐ Flashing lights, floaters | ☐ Red eyes ☐ None |

Do you have allergies to any medications or latex?

- ☐ None ☐ Latex ☐ Yes, to: _____

What eye medications do you currently use?

- ☐ None ☐ Other ☐ Artificial tears

What non-eye medications do you currently use?

- ☐ None ☐ Aspirin ☐ Antihistamines
- ☐ Other (list dose and frequency) _____

Have you had any of these eye problems? ☐ None

- | | |
|---|--|
| ☐ Cataracts | ☐ Eye injury |
| ☐ Glaucoma | ☐ Iritis |
| ☐ Macular degeneration | ☐ Lazy eye (amblyopia) |
| ☐ Retinal detachment | ☐ Wore a patch as a child |
| ☐ Other _____ | |

What eye surgeries have you had? ☐ None

- ☐ Cataract operation: Right eye _____
Left eye _____
- ☐ Laser treatment: Which eye? When? _____
- ☐ Glaucoma surgery: Which eye? When? _____
- ☐ Eye muscle surgery: which eye? When? _____
- ☐ Eyelid or other eye surgery: Which eye? When? _____

Have any of your blood relatives had the following eye diseases?

- ☐ Macular degeneration ☐ Cataract ☐ Crossed eyes
- ☐ Retinal detachment ☐ Glaucoma ☐ Other _____

Do you currently have any of the following conditions?

- | | | |
|--|---|---------------------------------------|
| ☐ Diabetes Type I | ☐ Headaches | ☐ Allergies |
| ☐ High cholesterol | ☐ Diabetes Type II | |
| ☐ Thyroid disease | ☐ Cancer | ☐ Stroke |
| ☐ High blood pressure | ☐ AIDS, HIV | ☐ Lung disease |
| ☐ Parkinson's | ☐ Dizziness | ☐ Pregnant |
| ☐ Heart disease | ☐ Arthritis | ☐ Dementia |
| | ☐ Alzheimer's | ☐ Other |

Do you use? ☐ Tobacco ☐ Alcohol

What **NON-surgery illnesses** have caused a hospital stay? _____

What "NON-EYE" surgeries have you had?