

Today's Date: _____

Patient History Questionnaire

Important: This questionnaire is to be reviewed at each appointment. Please answer all questions.

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth ___/___/___ Occupation _____ Employer _____

Emergency Contact Name _____ Phone Number _____

Date of Last Eye Exam ___/___/___ Dilated? Yes / No **Referred by:** _____

Primary Vision Coverage _____ Secondary Coverage _____

Primary Member Name _____ Date of Birth ___/___/___ SSN / ID# _____

Medical Information

What is general health? _____

Do you have problems with any of the following? (**Please circle yes or no.**)

Gastrointestinal	Yes / No	Nervous	Yes / No	Endocrine	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	Integumentary (skin)	Yes / No	Headaches	Yes / No
High Blood Pressure	Yes / No	Eyes	Yes / No	Mental	Yes / No

Please explain _____

Diabetes Yes / No Type _____ Date of Diagnosis _____

Allergies to medications Yes / No Please list: _____

Current medication(s): _____

Have you had any operations? Yes / No Please list: _____

Name of Family doctor: _____ Date of late tetanus shot: _____

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

Do you have any eye conditions or problems? Yes / No Explain _____

Have you had any eye operations? Yes / No Explain _____

Have you had any eye injury? Yes / No Explain _____

Do you have Glaucoma? Yes / No Cataracts Yes / No Dry eyes? Yes / No

Macular Degeneration? Yes / No Retinal Detachments Yes / No Blurred vision? Yes / No

Do you wear glasses? Yes / No Contacts lenses? Yes / No Type: _____

Additional information: _____