

## **Medical History Questionnaire**

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

Today's date	What <i>eye</i> surgeries have you had? None  O Cataract operation: Right eye
Your Age Your race Who is your usual medical doctor?	Left eye  O Laser treatment: Which eye? When?
What is the main reason for your visit?	O Glaucoma surgery: Which eye? When?
	Eye muscle surgery: which eye? When?
Do you have any of the following symptoms?  O Blurred distance vision O Glare, halos around lights  O Blurred was dispayation of business of business and business of business are business of business and business of business o	O Eyelid or other eye surgery: Which eye? When?
O Blurred reading vision O Itching or burning of eyes O Double vision O Eye mattering or tearing O Wear contact lenses? O Dry eye O Eye pain	Have any of your blood relatives had the following eye diseases
O Flashing lights, floaters O Red eyes O None  Do you have allergies to any medications or latex?	<ul><li>Macular degeneration</li><li>Cataract</li><li>Crossed eye</li><li>Retinal detachment</li><li>Glaucoma</li><li>Other</li></ul>
O None O Latex O Yes, to:	Do you currently have any of the following conditions?  O Headaches O Allergies
What <u>eye</u> medications do you currently use?  O None O Other O Artificial tears	<ul> <li>O Diabetes Type I</li> <li>O High cholesterol</li> <li>O Thyroid disease</li> <li>O Diabetes Type II</li> <li>O Cancer</li> <li>O Stroke</li> <li>O AIDS, HIV</li> <li>O Lung disease</li> </ul>
What <u>non-eye</u> medications do you currently use?  O None O Aspirin O Antihistamines  O Other (list dose and frequency)	<ul> <li>O High blood pressure</li> <li>O Parkinson's</li> <li>O Heart disease</li> <li>O Dizziness</li> <li>O Arthritis</li> <li>O Dementia</li> <li>O Other</li> </ul>
Have you had any of these eye problems? O None Cataracts Description   Glaucoma Description   Lazy eye (amblyopia)	Do you use? O Tobacco O Alcohol  What NON-surgery illnesses have caused a hospital stay?
O Retinal detachment O Wore a patch as a child O Other	What "NON-EYE" <u>surgeries</u> have you had?

7550 E Second Street | Scottsdale, AZ 85251 Monday - Friday 8AM to 5PM