SCOTTSDALE
EYE PHYSICIANS & SURGEONS, PC

Dennis L Kilpatrick, MD
Candria E Meharry, OD

# 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
- ○ Blurred reading vision
- ○ Double vision
- ○ Wear contact lenses?
- ○ Flashing lights, floaters
- ○ Glare, halos around lights
- ○ Itching or burning of eyes
- ○ Eye mattering or tearing
- ○ Dry eye
- ○ Red eyes
- ○ Eye pain
- ○ 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
- ○ Glaucoma
- ○ Macular degeneration
- ○ Retinal detachment
- ○ Other _____
- ○ Eye injury
- ○ Iritis
- ○ Lazy eye (amblyopia)
- ○ Wore a patch as a child

_____

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?

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

_____

Do you use? ○ Tobacco ○ Alcohol

What NON-surgery illnesses have caused a hospital stay?

_____

What "NON-EYE" surgeries have you had?

_____

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

P 480 994 1872 | F 480 994 0130 | ScottsdaleEye.com