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 <u>eye</u> medications do you currently use?

□ None □ Other □ Artificial tears

_____

_____

What <u>non-eye</u> 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 *<u>eye</u>* 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 <u>illnesses</u> have caused a hospital stay? _____

_____

What "NON-EYE" <u>surgeries</u> have you had?

_____

_____