

NAME _____ BIRTH DATE _____
FAMILY PHYSICIAN _____ OPTOMETRIST _____
DATE OF LAST EYE EXAM _____ AGE OF CURRENT GLASSES _____
WHAT AGE DID YOU START WEARING GLASSES? _____
DO YOU OR HAVE YOU WORN CONTACT LENSES? _____ TYPE? _____
LIST ANY KNOWN EYE DISEASES, EYE SURGERIES, EYE INJURIES _____

LIST ANY EYE/VISION PROBLEMS YOU ARE HAVING AT THIS TIME _____

DO YOU HAVE DIFFICULTY IN ANY OF THE FOLLOWING AREAS WITH GLASSES ON?
DRIVING _____ DAY OR NIGHT SEEING ROAD SIGNS _____ SEEING TV _____
READING NEWSPAPERS/MEDICINE BOTTLES _____ SEEING STEPS _____

ARE YOU BEING TREATED FOR OR CURRENTLY HAVING ANY PROBLEMS IN THE FOLLOWING AREAS? PLEASE DESCRIBE ON LINES PROVIDED.

ALLERGIC/IMMUNOLOGIC _____
SKIN/BREAST _____ MUSCLES/BONES/JOINTS _____
EAR/NOSE/THROAT _____ HEMATOLOGIC/LYMPHATIC _____
CARDIOVASCULAR (HEART) _____ HIGH BLOOD PRESSURE _____
RESPIRATORY _____ PSYCHIATRIC _____
GASTROINTESTINAL(STOMACH,INTESTINES) _____
GENITOURINARY(GENITALS,KIDNEY, BLADDER) _____
NEUROLOGIC _____
ENDOCRINE(DIABETES,THYROID) _____
INSULIN DEPENDENT? _____ HOW LONG? _____
ADDITIONAL INFORMATION _____

EXP PF-1
DETAILED-2

LIST ANY DRUG ALLERGIES _____

LIST CURRENT MEDICATIONS INCLUDE DOSE AND FREQUENCY ALSO INCLUDE OVER THE COUNTER MEDICATIONS _____

LIST PAST ILLNESSES (SERIOUS), OPERATIONS, INJURIES, TREATMENTS AND DATES _____

MARITAL STATUS S M W D OCCUPATION _____
DO YOU SMOKE? _____ HOW MUCH? _____ STOPPED _____
DO YOU DRINK ALCOHOL? _____ HOW MUCH? _____

IS THERE A FAMILY HISTORY OF ANY OF THE FOLLOWING. PLEASE SPECIFY RELATIONSHIP. (BLOOD RELATIVES ONLY)

DETAILED-1 OF 3

BLINDNESS _____ ARTHRITIS _____
CATARACTS _____ CANCER _____
CORNEAL DISEASE _____ DIABETES _____
GLAUCOMA _____ GOUT _____
MACULAR DEGENERATION _____ HEART DISEASE _____
RETINAL DISEASE _____ HIGH BLOOD PRESSURE _____
LUPUS _____ SJOGREN'S _____
STROKE _____ THYROID _____
TUBERCULOSIS _____ KIDNEY _____
OTHER _____ FAMILY HISTORY UNKNOWN _____

PATIENT SIGNATURE _____ DATE _____

MHQ REVIEWED BY:

TECHNICIAN SIGNATURE _____ DATE _____

DOCTOR SIGNATURE _____ DATE _____

OPHTHALMOLOGY HISTORY

REVIEW OF SYSTEMS

PAST FAMILY AND SOCIAL HISTORY