

(Please Circle the appropriate answer to each question and print clearly)

Medical History

1. Do you have any allergies to medications? **Yes No**

If yes, explain: _____

2. List any medications you take (including oral contraceptives, aspirin, OTC medications and home remedies):

3. Are you pregnant/nursing? **Yes No**

4. Do you wear Glasses? **Yes No**

5. Do you wear Contact Lenses? **Yes No**

If yes : **Gas Permaeable/Hard Soft (non disposable) Disposable**

Social History

This information is strictly confidential, however, you may discuss this portion directly with the doctor if you prefer.

Yes, I would prefer to discuss my Social History information directly with my doctor. (check box)

1. Do you use tobacco products? **Yes No** If yes, type/amount/how long?

2. Do you drink alcohol? **Yes No** If yes, type/amount/how long?

3. Do you use illegal drugs? **Yes No** If yes, type/amount/how long?

4. Have you ever been exposed to or infected with:

Gonorrhea Hepatitis HIV Syphilis

Review of Systems

Do you currently, or have you ever had any problems with the following areas:

System

Yes No

Yes No

Constitutional

Fever, weight loss/Gain

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Nuerological

Headaches

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Migraines

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Seizures

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Eyes

Loss of Vision

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Blurred Vision

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Distorted Vision/Halos

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Loss of Side Vision

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Double Vision

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Dryness

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Mucous Discharge

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Redness

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Sandy or Gritty Feeling

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Itching

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Burning

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Foreign Body Sensation

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Excess tearing/watering

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Glare/Light Sensitivity

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Eye Pain or Soreness

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Chronic Eye/Lid Infection

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Styes or Chalazion

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Flashes/Floaters in Vision

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Tired eyes

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Endocrine

Thyroid/Other Glands

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Ears/Nose/Mouth/Throat

Allergies/Hay Fever

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Sinus Congestion

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Runny Nose

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Post-nasal Drip

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Chronic Cough

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Dry Throat/Mouth

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Respiratory

Asthma

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Chronic Bronchitis

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Emphysema

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Vascular/Cardiovascular

Diabetes

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Heart Pain

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High Blood Pressure

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Vascular Disease

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Gastrointestinal

Diarrhea

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Constipation

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Genitourinary

Genitals/Kidney/Bladder

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Bones/Joints/Muscles

Rheumatoid Arthritis

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Muscle Pain

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Joint Pain

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Lymphatic/Hemotologic

Anemia

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Bleeding Problems

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If you answered Yes to any of the above, or have a condition not listed, please explain & list medications.

