Medical History

Past Eye Surgeries and Lasers ❑ None

Surgery	Eye	Year
	Right / Left / Both	
	Right / Left / Both	
	Right / Left / Both	
	Right / Left / Both	
	Right / Left / Both	
	Right / Left / Both	

Current Eye Medications (Eye Drops/Vitamins) ❑ None

Name of Medication	Eye	How Many Times a Day?
	Right / Left / Both	
	Right / Left / Both	
	Right / Left / Both	
	Right / Left / Both	
	Right / Left / Both	
	Right / Left / Both	

Social History

Marital Status	❑ Single ❑ Married ❑ Partner ❑ Divorced ❑ Widowed ❑ Separated
Smoke/Tobacco Use	❑ Never ❑ Former ❑ Current Every Day ❑ Current Some Day
Alcohol Use	❑ None ❑ Occasional/Social ❑ Frequent: _____drinks/week
Substance Abuse	❑ None ❑ Yes: _____
Occupation	❑ Unemployed ❑ Student ❑ Retired ❑ Other: _____
Living Conditions	❑ Alone With: ❑ Roommates ❑ Spouse ❑ Family ❑ Caretaker ❑ In Nursing Home/Assisted Living Center

Allergies ❑ None

Name of Medication	Reaction	Severity
		mild / moderate / severe
		mild / moderate / severe
		mild / moderate / severe
		mild / moderate / severe
		mild / moderate / severe
Other Allergies (Food/Dye/Latex/Tape):		

Medical Conditions (please circle all that apply) ❑ **None**

ADD/ADHD	Diabetes (Borderline/Type 1/Type 2)	HIV/AIDS
Allergies, Seasonal	Diverticulitis	Kidney Disease
Alzheimer's	DVT (Blood Clot)	Lupus
Anemia	Enlarged Prostate (BPH)	Liver Disease
Anxiety	GERD (Heartburn/Acid Reflux)	Multiple Sclerosis
Arrhythmia (Irregular Heart Beat)	Gout	Osteopenia/Osteoporosis
Arthritis	Headaches/Migraines	Parkinson's Disease
Asthma	Heart Attack	Pulmonary Embolism (PE)
Cancer _____	Heart Disease _____	Seizures
Crohn's Disease	Hepatitis	Sleep Apnea
COPD/ Emphysema	Hernia	Stroke
Dementia	High Blood Pressure	Thyroid Disease (Hyper/Hypo/Hashimoto's)
Depression	High Cholesterol	Ulcerative Colitis

Other Medical Conditions (please list):

General Surgeries ❑ **None**

Current Medications/Vitamins/Supplements (if you have a list we can photocopy it) ❑ **None**

Family History of Health Conditions ❑ **Unknown** ❑ **Adopted** ❑ **None**

Eye Disease/Health Condition	**Relationship (mother, father, brother, sister, etc.)**
Glaucoma	
Cataracts	
AMD/Macular Degeneration	
Retinal Issue	
Blindness	
Diabetes	
Heart Disease	

Other: