

**HEALTH HISTORY**

Please complete both front and backsides of this form

**Patient's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Family Physician** \_\_\_\_\_ **(M.D or D.O.) Physician Family Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

Please circle to indicate if you have had any of the following. Also please circle to indicate if a blood relative has had any of the following problems.

	<b>Yourself Family</b>			<b>Yourself Family</b>	
AIDS/HIV	Yes	Yes	Lazy Eye	Yes	Yes
Arthritis	Yes	Yes	Crossed Eyes	Yes	Yes
Asthma	Yes	Yes	Wandering Eyes	Yes	Yes
Cancer	Yes	Yes	Double Vision	Yes	Yes
Chemical Dependency	Yes	Yes	Spots or Floaters	Yes	Yes
Diabetes	Yes	Yes	Light Flashes	Yes	Yes
Drug Sensitivity	Yes	Yes	Chronic infection	Yes	Yes
Emphysema	Yes	Yes	Uveitis or iritis	Yes	Yes
Heart Disease	Yes	Yes	Eye Surgery	Yes	Yes
Hepatitis(Type____)	Yes	Yes	Temporary loss of vision	Yes	Yes
High Blood Pressure	Yes	Yes	Eye injury	Yes	Yes
Kidney Disease	Yes	Yes	Dry Eyes	Yes	Yes
Lupus	Yes	Yes	Cataracts	Yes	Yes
Migraine Headaches	Yes	Yes	Retinal Disease	Yes	Yes
Muscular Dystrophy	Yes	Yes	Macular Degeneration	Yes	Yes
Multiple Sclerosis	Yes	Yes	Dry Eyes	Yes	Yes
Stroke	Yes	Yes	Are you pregnant?	Yes	Yes
Thyroid Condition	Yes	Yes	Alcohol Abuse	Yes	Yes
Tuberculosis	Yes	Yes	Tobacco Use	Yes	Yes
Glaucoma	Yes	Yes			

Please note below any other history of significant medical or eye problems.

**Medications**

List medications you are currently taking including eye drops:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Future appts: Updates/Additions**

List any changes or additions to medication previously noted on the left.

\_\_\_\_\_  
Date \_\_\_\_\_  
  
  
  
\_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient (Guardian if patient is a minor)

\_\_\_\_\_  
Date

**FUTURE APPOINTMENTS: Please note any updates to your medical or eye history**

\_\_\_\_\_  
Date \_\_\_\_\_  
  
  
  
\_\_\_\_\_  
Date \_\_\_\_\_

**I have indicated updates or there are no changes in the above information:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date