

**Welcome to Ophthalmology Associates, S.C. To better serve your eye care needs, we would appreciate you completing this medical history form. Your general health does affect your eyes!**

**Date:** \_\_\_ / \_\_\_ / \_\_\_      **Name:** \_\_\_\_\_      **Age:** \_\_\_\_\_      **Sex:** Male      Female  
(Please Circle)

**Who is your Medical Doctor?** \_\_\_\_\_      **Date of your last eye exam:** \_\_\_\_\_

**Please circle Y for Yes or N for No for each of the following:**

Diabetes, how long _____	Y   N	Thyroid Disease	Y   N	Migraines	Y   N
High Blood Pressure	Y   N	Bleeding Disorder	Y   N	Hepatitis	Y   N
Hay Fever/ Skin Allergies	Y   N	Asthma, Bronchitis	Y   N	Cancer	Y   N
Rheumatoid Arthritis	Y   N	Currently Pregnant	Y   N	Emphysema	Y   N
Kidney Stones	Y   N	Heart Disease	Y   N	AIDS/HIV +	Y   N
Are you up-to-date with your immunizations?			Y   N		

**List any medical illnesses not specified:** \_\_\_\_\_

**List any Eye Surgeries:** \_\_\_\_\_

**List any other surgeries you have undergone:** \_\_\_\_\_

**Circle if you have or have been treated for any of the following eye problems:**

Glaucoma      Cataracts      Retinal Problems      Lazy Eye      Eye Injuries      Dry Eye      Other: \_\_\_\_\_

**Do you wear glasses?**      Yes      No      **Do you wear contact lenses?**      Yes      No  
 How many hours per day? \_\_\_\_\_

**Circle any of the following conditions that run in your family?**

Glaucoma      Crossed Eye/Lazy Eye      Retinal Problems      Thyroid      Blindness      High Blood Pressure  
 Diabetes      Rheumatoid Arthritis      Migraines      Other: \_\_\_\_\_

**Please list any medications you take and dosages if known:**

Eye Medications	General Medications	List any medications you have an allergy to

Do you smoke?      Yes      No      If Yes, Every Day or Only Some Days?      If No, are you a former smoker?      Yes      No

**Do you drink alcohol?**      Yes      No      Frequency \_\_\_\_\_

**Current Occupation (if retired, previous occupation):** \_\_\_\_\_

**History Reviewed**