Atlantic Eye CONSULTANTS

WELCOME BACK TO OUR PRACTICE

ESTABLISHED PATIENT UPDATE

Date_____

Office Use Only:

Account # _____

Patient Name _____ Patient DOB:__ _____Age: _____

Gender : ☐ Male ☐ Female Preferred Language_____Race_____Hispanic/ Latino ? ☐ Y ☐ N

Smoker? ☐ Y ☐ N How often? ☐ 1 pack/day ☐ 1-2 packs/day ☐ 2 packs/ day ☐ more than 2 packs/ day

Do you consume alcohol? ☐ Y ☐ N How often? ☐ Occasionally ☐ Socially ☐ Moderately everyday ☐ Heavy drinker

Primary Care Physician (PCP) _____ PCP Phone _____

Pharmacy Used _____Pharmacy Phone _____

EYE MEDICATIONS

Please list all regular medications and dosages you are currently taking, including over-the counter medications.

Eye Medication	Dosage	Eye
_____	_____	☐ L ☐ R
_____	_____	☐ L ☐ R
_____	_____	☐ L ☐ R
_____	_____	☐ L ☐ R
_____	_____	☐ L ☐ R

NON-EYE MEDICATIONS

Please list all regular medications and dosages you are currently taking, including over-the counter medications.

Non-Eye Medication	Dosage
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PATIENT ALLERGIES TO MEDICATIONS

Are you allergic to any medications? ☐ Yes ☐ No

Please list medication allergy, your reaction and severity to the medication as follows below: 1= mild, 2=moderate, 3=severe.

Medication	Reaction	Severity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PATIENT'S FAMILY HISTORY

Please list any family history of the following below and document the relationship to the patient:

Disease			Relationship to Patient
Glaucoma	☐ Y	☐ N	_____
Cataracts	☐ Y	☐ N	_____
Hypertension	☐ Y	☐ N	_____
Retinal Detachments	☐ Y	☐ N	_____
Blindness	☐ Y	☐ N	_____
Macular Degeneration	☐ Y	☐ N	_____
Keratoconus	☐ Y	☐ N	_____
Cancer	☐ Y	☐ N	_____
Heart Disease	☐ Y	☐ N	_____
Other _____			Relationship to Patient _____

Please list any changes to your medical history below:
(Please Include surgery type, the doctor who performed the surgery ,and the date.)

Surgeries: _____

Illness: _____

Infectious Diseases: _____

Hospitalizations: _____