



Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Reason for visit: \_\_\_\_\_

How did you hear of us? \_\_\_\_\_ Referred by: \_\_\_\_\_

Allergies: None Penicillin Sulfa Iodine dye Codeine Other \_\_\_\_\_

<b>Review of Systems:</b>	<b>Circle all that apply</b>	<b>Eye History:</b>
General:	headaches, fatigue	Contact Lens
ENT:	hearing loss, nasal congestion, ringing	Cataract
Respiratory:	cough, shortness of breath, wheezing	Glaucoma
Heart:	palpitations, chest pain or pressure	Cornea
GI:	constipation, diarrhea, heart burn	Laser Surgery
Bladder:	blood in urine, pain with urination	Macular Degen.
Skin:	rash, lumps, itching, dry, hives	Retina
Endocrine:	bulging eyes, cold or heat intolerance	Eye Muscle
Neuro:	imbalance, dizziness, memory loss	Optic Nerve
Psych:	nervousness, tension	Lids
Joint:	joint pain, joint stiffness, back pain	Double Vision
Blood:	bruising, bleeding	Cranial Nerve
Immuno:	hives, seasonal allergies	Uveitis

Eye Meds: \_\_\_\_\_

Family Eye History: Glaucoma Macular Degen. Retina Cornea Other \_\_\_\_\_

<b>Medical History:</b>		<b>List Medicines or Attach List:</b>
High blood pressure	Heart disease	Pacemaker
High cholesterol	Stroke	Heart attack
Vascular disease	Emphysema	Asthma
Diabetes I / II	Thyroid low / high	Hepatitis A/B/C
Arthritis	Osteoporosis	Gallbladder
Cancer _____	Kidney/bladder	Acid reflux
Depression	Anxiety	HIV
Anemia	Autoimmune	Seizures
Other _____		Aspirin 81mg / 325mg
		Coumadin / Pradaxa
		Plavix / Effient
		Flomax / Jalyn / Hytrin / Cardura

Social History: Alcohol Tobacco Recreational Drugs



Patient DOB: \_\_\_\_\_

Please circle for each question

**Race:**

- American Indian or Alaska Native
- Asian
- Black or African-American
- More than one race
- Native Hawaiian or other Pacific Islander
- Other race
- Unknown
- White

**Ethnicity:**

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown

**Preferred Language:**

- English
- Spanish
- Creole
- Other: \_\_\_\_\_

**Smoking Status:**

- Current every day smoker
- Current some day smoker
- Smoker, current status unknown
- Never smoked
- Former smoker
- Unknown if ever smoked

**Preferred Pharmacy:**

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_