NAME ______________________ DATE __________ Approximate date of last eye exam __________

CHIEF COMPLAINT ______________________

PERSONAL EYE/VISION HISTORY	YES	NO	If yes, please describe/explain	CURRENT EYE MEDICATIONS
WEAR GLASSES				
WEAR CONTACT LENSES				
BLURRED DISTANCE VISION (with glasses or contacts if normally worn)				
BLURRED NEAR VISION (with glasses or contacts if normally worn)				
LOSS OF VISION				
DISTORTED VISION				
DOUBLE VISION				
EYE PAIN				
DRY EYE				
EYE INFECTIONS				
EXCESSIVE LIGHT SENSITIVITY				
EXCESSIVE TEARING/WATERING				
EXCESSIVE ITCHING				
FLASHES OF LIGHT OR FLOATERS IN VISION				
TIRED EYES				
TROUBLE SEEING AT NIGHT				
EYE INJURY				
EYE DISEASE (cataracts, glaucoma, macular degeneration etc)				
EYE SURGERY				
LAZY EYE				
OTHER EYE PROBLEMS				

FAMILY HISTORY	YES	NO	If yes, please describe/explain	MEDICAL ALLERGIES
DIABETES				
HIGH BLOOD PRESSURE/STROKE/HEART PROBLEMS				
CANCER				
MACULAR DEGENERATION				
GLAUCOMA				
CATARACTS				
OTHER: Retinal Detachment, Lazy Eye, etc.				

MEDICAL HISTORY	YES	NO	If yes, please describe/explain	CURRENT MEDICATIONS
GENERAL SYMPTOMS (fever, weight loss, etc.)				
EARS, NOSE, MOUTH, THROAT, SINUS				
CARDIOVASCULAR (heart, blood pressure, stroke)				
RESPIRATORY (asthma, emphysema, TB)				
GASTROINTESTINAL (ulcer, hepatitis)				
GENITOURINARY (bladder, kidney)				
MUSCULOSKELETAL (arthritis, fibromyalgia)				
SURGERY				
NEUROLOGIC (headaches, migraines, seizures)				
PSYCHIATRIC (depression)				
ENDOCRINE (diabetes, thyroid disease)				
HEMATOLOGIC, LYMPHATIC (anemia, clotting disorder)				
ALLERGIC/IMMUNOLOGIC (seasonal, lupus, HIV, skin conditions)				
OTHER MEDICAL PROBLEMS				

SOCIAL/OCCUPATIONAL HISTORY	YES	NO	If yes, please describe/explain
ALCOHOL			
TOBACCO			
RECREATIONAL DRUGS			
OCCUPATIONAL VISION NEEDS (Computer, safety)			
SPECIAL VISION NEEDS (Sport, sun, reading glasses)			

ARE YOU INTERESTED IN KNOWING MORE ABOUT LASER/ REFRACTIVE SURGERY? YES NO

DO YOU WANT A NEW PAIR OF GLASSES IF OLD PRESCRIPTION IS ADEQUATE? YES NO