

**Please Complete Entire Form Including Medication List**

NAME: \_\_\_\_\_

CHART # \_\_\_\_\_

DATE: \_\_\_\_\_

**YOUR PRIMARY CARE PHYSICIAN:** \_\_\_\_\_

REVIEW OF SYSTEMS/PAST MEDICAL HISTORY:

DO YOU NOW HAVE/HAD PROBLEMS WITH ANY OF THE FOLLOWING. IF YES, EXPLAIN:

- EYES  NO  YES \_\_\_\_\_
- EARS, NOSE, THROAT  NO  YES \_\_\_\_\_
- HEART, BLOOD, VESSELS,
  - HIGH BLOOD PRESSURE  NO  YES \_\_\_\_\_
  - LUNGS/ BREATHING  NO  YES \_\_\_\_\_
- STOMACH, INTESTINES, LIVER  NO  YES \_\_\_\_\_
- KIDNEYS, BLADDER, GENITAL  NO  YES \_\_\_\_\_
- MUSCLES, JOINTS  NO  YES \_\_\_\_\_
- SKIN / BREASTS  NO  YES \_\_\_\_\_
- BRAIN, SPINAL CORD, NERVES  NO  YES \_\_\_\_\_
- PSYCHIATRIC  NO  YES \_\_\_\_\_
- DIABETES, THYROID  NO  YES \_\_\_\_\_
- BLOOD PROBLEMS, SWELLING  NO  YES \_\_\_\_\_
- ALLERGIES, IMMUNE  NO  YES \_\_\_\_\_
- OTHER  NO  YES \_\_\_\_\_

PAST SURGICAL HISTORY: \_\_\_\_\_  
\_\_\_\_\_

PREVIOUS EYE PROBLEMS OR SURGERIES: \_\_\_\_\_  
\_\_\_\_\_

ARE YOU CURRENTLY WEARING: GLASSES? \_\_\_\_\_ SOFT CONTACTS? \_\_\_\_\_ HARD CONTACTS? \_\_\_\_\_  
ARE YOU INTERESTED IN SOFT CONTACTS? \_\_\_\_\_ HARD CONTACTS? \_\_\_\_\_

**MEDICATIONS YOU ARE TAKING:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DRUG ALLERGIES: \_\_\_\_\_  
HAVE YOU EVER HAD A PNEUMONIA VACCINE?:  NO  YES  
HAVE YOU HAD AN INFLUENZA (FLU) VACCINE THIS YEAR?:  NO  YES

SOCIAL HISTORY: MARITAL STATUS:  M  S  W  D  
TOBACCO USE:  NO  YES - AMOUNT \_\_\_\_\_  
DRINK ALCOHOL:  NO  YES - AMOUNT \_\_\_\_\_  
CURRENT OCCUPATION: \_\_\_\_\_

FAMILY HISTORY - EYES: GLAUCOMA  NO  YES \_\_\_\_\_  
CATARACTS  NO  YES \_\_\_\_\_  
MACULAR DEGENERATION  NO  YES \_\_\_\_\_  
OTHER  NO  YES \_\_\_\_\_

FAMILY HISTORY - GENERAL HEALTH:  
HEART DISEASE  NO  YES \_\_\_\_\_  
HIGH BLOOD PRESSURE  NO  YES \_\_\_\_\_  
DIABETES  NO  YES \_\_\_\_\_  
CANCER  NO  YES \_\_\_\_\_  
OTHER  NO  YES \_\_\_\_\_

IF YES TO ANY OF THE ABOVE, EXPLAIN RELATIONSHIP TO PATIENT.

**OFFICE USE ONLY**

COUNCELED ON TOBACCO USE:  NO  YES

REVIEWED BY:

TECH \_\_\_\_\_

PHYSICIAN \_\_\_\_\_