

NAME _____

PATIENT INTAKE FORM

Past Medical History (circle all that apply)

Arthritis	High cholesterol
Asthma/COPD	HIV/AIDS
Atrial Fibrillation (Irregular heartbeat)	Hypertension (high blood pressure)
Cancer Type _____	Kidney Disease/Dialysis
Depression/Anxiety	Pacemaker/Defibrillator
Diabetes	Prostate
Heart Disease	Stroke
Hepatitis	Thyroid
Other: _____	None

Past Surgical History (circle all that apply)

Abdominal Surgery _____	Prostate Surgery
Heart Surgery _____	Skin Cancer Surgery
Other _____	

Eye History (circle all that apply)

Blepharitis/Conjunctivitis	Macular Degeneration
Cataract Lt. Rt.	Ocular Migraine
Diabetic Eye Disease	Vitreous Detachment Lt. Rt.
Dry Eye	Retinal Tear/Retinal Detachment Lt. Rt.
Glaucoma	None

Eye Surgery (circle all that apply)

Blepharoplasty	LASIK
Cataract Surgery	Laser Surgery
Intravitreal Injections	Glaucoma Surgery
Other _____	None

Family History (circle all that apply)

Blindness	Glaucoma
Cataracts	Heart Disease
Diabetes	Macular Degeneration
Other _____	None

Medications/Vitamins/Herbals/OTC meds (please list all current medications)

Name: _____	Dose: _____	How Often per day: _____
Name: _____	Dose: _____	How Often per day: _____
Name: _____	Dose: _____	How Often per day: _____
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None (circle)

If more medications continue on reverse side of this page

Allergies (please enter all allergies)

None

Social History (circle all that apply)

Cigarette Smoking:

Never smoked

Quit: former smoker

Smoke daily

Illicit Drug Use

Drug(s) _____

Alcohol Use:

None

Less than 1 drink a day

1-2 drinks a day

3 or more drinks a day

Review of Symptoms: Are currently experiencing any of these? (circle all that apply)

blurred vision

sudden loss or change in vision

eye pain

burning, itching and/or tearing

redness and/or discharge

swelling of eyelid or growth on lids

narrow angles

reaction to any eyedrops

fever

weight loss

deafness

dry mouth

sinus infection

high blood pressure

high cholesterol

heart attack

chest pain/angina/heart failure

irregular or rapid heart beat

defibrillator

blood thinners

COPD/emphysema/bronchitis

asthma

shortness of breath

hepatitis/jaundice

bladder/kidney problems

Flomax (tamsulosin)

rheumatoid arthritis/lupus

other arthritis

rash

skin cancer

stroke

multiple sclerosis

diabetes

thyroid abnormalities

bleeding/clotting problems

anemia

allergy to drugs/foods

allergy to shellfish/medical dyes

hay fever

anxiety/depression/other

pregnant or planning pregnancy