

## MEDICAL HISTORY QUESTIONNAIRE

Full Legal Name:		Sex: $\square$ M $\square$ F Date of Birth:				Date:			
If this is your first visit, pl	ease comple	ete:	u Aez	F Laure	r griothau	Francisco	TO PARAMETER TO		
How did you hear about	us? 🗆 Docto	or   Frien	d □ Fami	ly Member 🗆 I	nternet  Other:				
Date of last eye exam:							Light 1897 (Supplier		
general () was belief of the	7.7.7/17	7.7.75	D. 107	1 Day 91					
Primary Care Doctor:				Liller	10.1017/11/48.1	n 1 5050m 8	me a suppose		
Pharmacy:		F 1 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1.36.	11131163					
Are you currently taking:			Coumadin   Plavix		☐ Aspirin	☐ Rapaflo	☐ Uroxatral		
Eye Medications:	☐ Minipre	ss 🗆 (	Cardura		☐ Avodart				
Eye Medications.									
3/40 CL/ 9/6	To division	2			F1 (65% S) (1)	122 <b>00</b> 0			
Current Medications (pr	rescription, o	over the co	unter, vitar	nins, homeopath	ic):				
	[ 15 755 facts	(see		Well-Day			138-4		
				F. F. 2.7.1.2	1 187301 18602		El masele para		
Allergies to medications:	11 77 15 138	120.21.		UCASO					
			r	YE HISTOR	V				
	[] = 900								
Dry Eyes:	□ No	☐ Yes	If yes:	Right	□ Left				
Glaucoma:	□ No	☐ Yes	If yes:	Right	☐ Left				
Macular Degeneration:	□ No	☐ Yes	If yes:	□ Right	□ Left				
Diabetic changes:	□ No	☐ Yes	If yes:	Right	☐ Left				
Retinal Detachment or Retinal Tear:	□ No	☐ Yes	If yes:	☐ Right	☐ Left		tengan sa manah sa sa sa sakarah sa sa bahar sa sa sa sa sa sakar sakar sa sa		
Other:	1.3.40	10.762	15 /162	£80(98)					
			EY	E SURGERII	ES				
Cataract:	□No	□ Yes	If yes:	□ Right	Date	☐ Left	Date		
Glaucoma surgery:	□No	☐ Yes	If yes:	□ Right	Date	□ Left	Date Date		
Retinal Laser:	□No	☐ Yes	If yes:	Right	Date	□ Left	Date		
Diabetic changes:	□No	☐ Yes	If yes:	□ Right	Date	□ Left	Date		
Retinal Detachment	□No	□ Yes	If yes:	☐ Right	Date	□ Left	Date		
epair:				Township In the	Company of State and American State of Company of the Company	and the second building a dispersion of the second			
Lid surgery:	□ No	☐ Yes	If yes:	Right	Date	□ Left	Date		
Cornea Surgery:	□LASIK	□ PRK	□RK	□AK	☐ Transplant				
Other:	The state of the s		the state of the s						
Any Eye Trauma:	□No	□Yes	If yes:						

## **MEDICAL HISTORY**

Diabetes:	□No	☐ Yes		☐ Insulin		Non-Insulin	□Borderline	□Diet Controlled
High Blood Pressure:	□No	☐ Yes		A STATE OF THE STA				
High Cholesterol:	□No	□ Yes	- 12 5 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- See a second of the second			
Heart Disease:	□No	□Yes	If yes	Explain:				
COPD/Asthma:	□No	□Yes	If yes:	Explain		La religion		
Auto-immune:	□No	□ Yes	If yes:	Explain				T-30
Cancer:	□No	□ Yes	If yes:	Explain				
Other:					- 132			2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Retinoi Laser: Dialarii: Fourses		1120	SUF	RGICAL HIS	TORY	1.5)		
Heart Surgery:	□No	☐ Yes	If yes:	Explain				
Appendectomy:	□No	□Yes						Fig. 16.
Tonsillectomy:	□No	□ Yes		AS PORTER	11.7			
Radiation/Chemotherapy:	□No	□Yes		CRAW SINE STATE THE THE SINE SINE	1330 %			
Other:								
Trauma (car accident/head injury):	□ No	☐ Yes	If yes	Explain				
Please check any of the f					Υ:			
ieneral: Descusioneur	☐ fever			fatigue		□ cancer		
ars, Nose, Throat:	□ earac	Secure of the second se	1,74372	nasal congestion	on	☐ pain		
ardiovascular:	☐ chest pain ☐ high blood pressure ☐ irregular/ rapid heartb				rapid heartbeat			
espiratory:	☐ asthm	na		☐ emphysema ☐ shortness of breath				
astrointestinal:	□ reflux	ζ		diarrhea		□ vomiting		
enitourinary:	☐ troub	le urinating		discharge				
itegumentary:	□ skin o	cancer		□ acne □ rosacea				□ eczema
lusculoskeletal:	☐ arthritis			gout	□ joint			☐ muscle pain
eurological:	□ numbness □ m		memory loss			□ stroke		
sychiatric:	□ anxie	ty		depression				
ndocrine:	☐ diabetes ☐ hypothyroidism ☐ Grave's disease				isease			
ematologic:	☐ high cholesterol ☐ anemia ☐ bleeding disorder		lisorder					
nmunologic:	□ allergies □ immune disorder							
o any of your blood rela	tives ha	ve the foll	owing co	nditions: 🗆	Adopted		111111111111111111111111111111111111111	
lindness:	□ No	☐ Yes	If yes:	☐ Father		Unk other	□ Sibling	Crondnesset
laucoma:	□No	□ Yes	If yes:	□ Father				☐ Grandparent
acular Degeneration:	□ No	□ Yes	If yes:	☐ Father		other	☐ Sibling	Grandparent
abetes:	□ No	□ Yes	If yes:	☐ Father			☐ Sibling	☐ Grandparent
etinal Detachment:	□ No	☐ Yes	If yes:	□ Father		other	☐ Sibling	Grandparent
eart disease	□ No	☐ Yes	If yes:	☐ Father			☐ Sibling	☐ Grandparent
	L 140	L 165	ii yes:	- rauler	ΠМ	omer	☐ Sibling	☐ Grandparent
FUI ( 655) Name				CIAL HISTO	RY	or Brate		\$1855×1
you currently smoke?	□No	□ Yes	How mud					
ave you ever smoked?	□ No	□ Yes	When did	d you quit?	HEZIK	)MUIVIE		
you drive?	□ No	□ Yes						
e you pregnant?	□ No	□ Yes	Expected	Due Date?				
e you nursing?	□ No	□ Yes	2,114		14.75			
e you working?	□No	□ Yes	Retired	d Occup	ation:		:	
o you drink?	□ No	□ Yes				- 60		