

## MEDICAL HISTORY QUESTIONNAIRE

Full Legal Name:	Sex: □			_ Sex: □ M □ 1	F Date of Birth:	Date:	
If this is your first visit, pl	ease comple	te:	11.462	P. L. W. Pol. L.	FT Selfred Light	ra prosid	in valendingov
How did you hear about	us? 🗆 Docto	r 🗆 Frien	d □ Fami	lv Member □ I	nternet \( \subseteq \text{Other:} \)		
Date of last eye exam:							Transfer de la company
Bate of last eye exam.			VV	nere was tills do	ne (doctor/clinic)?		
Primary Care Doctor:			1 223	7 1,3160		r seseni	The company of the co
Pharmacy:	4		H. A.C.	1711-351163	[7] [444.61	1) Sibing	D Grandparent
Are you currently taking:			Coumadin	☐ Plavix	☐ Aspirin	☐ Rapaflo	☐ Uroxatral
Evo Medications	$\square$ Minipress $\square$ C		Cardura		☐ Avodart	and the second state of the second	and the second s
Eye Medications:							
GR (2001-0-6)	To dimpage	3		iAsaauAadig 307	F (0.245,7.0	102860	
Current Medications (pr	escription, o	ver the co	unter, vitar	nins, homeopath	ic):	A THE CANADA STATE OF THE STATE OF	Seelite Consistence on the Consistence of the Section of the Consistence of the Consisten
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Allergies to medications:	i ji Pyriti CBI			16346	Digwess.		g sever
				derrenen	in community		
			E	YE HISTOR			
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		
Other:	1.140	[276]	E 768	Eschigar			
					and the second s		
			FV	E SURGERII	FS		
						Andrew State of the State of th	
Cataract:	□No	□ Yes	If yes:	Right	Date	□ Left	Date
Glaucoma surgery:	□ No	☐ Yes	If yes:	Right	Date	☐ Left	Date
Retinal Laser: Diabetic changes:	□ No	☐ Yes	If yes:	Right	Date	□ Left	Date
Retinal Detachment	□ No	Yes	If yes:	Right	Date	□ Left	Date
repair:	□ 1/10	□ Yes	If yes:	□ Right	Date	□ Left	Date
Lid surgery:	□No	□Yes	If yes:	Right	Date	☐ Left	Date
Cornea Surgery:	□LASIK	□ PRK	□RK	□ AK	☐ Transplant		Date
Other:	1170	L. Ass	11.16	<u>Çabijanı</u>			
Any Eye Trauma:	□No	□Yes	If yes:	neal systematics of the section			
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