# *YOUR EYES IMAGE*

**PATIENT HISTORY QUESTIONNAIRE** DATE _____

Last name _____First name_____ MI____
Address_____City_____State_____ Zip Code_____
Phone Number: (check preferred) Home ☐_____Cell ☐_____
Date of Birth_____ E-mail ☐_____
Occupation_____Employer_____
Emergency contact/Telephone Number_____
Date of last eye exam_____Dilated **Y/N**
Vision Insurance _____ Social Security/Insurance ID # ***-**-_____
Reason for today's visit_____

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**Medical Information**

How is your general health? _____
Do you have problems with any of these systems? (please circle all that apply) Eyes **Y/N**

| | | | | | |
|---|---|---|---|---|---|
| Gastrointestinal | **Y/N** | Nervous | **Y/N** | Mental | **Y/N** |
| Ears/Nose/Throat | **Y/N** | Genitourinary | **Y/N** | Endocrine (glands) | **Y/N** |
| Cardiovascular | **Y/N** | Musculoskeletal | **Y/N** | Blood/lymph | **Y/N** |
| Respiratory | **Y/N** | Integumentary(skin) | **Y/N** | Allergic/immunologic | **Y/N** |

Please explain_____
_____
Diabetes **Y/N** Type_____ Date of diagnosis_____
Allergies **Y/N** Allergic to what?_____What happens_____
Medication allergy **Y/N** to what?_____What happens_____
Headaches **Y/N** Other health problems_____
Current medications_____
Any operations? **Y/N** What kind?_____When?_____
Name of family doctor_____Date of last visit_____
Date of last tetanus shot_____

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**Family History**

| | | | | | |
|---|---|---|---|---|---|
| High blood pressure | **Y/N** Relation_____ | Cataracts | **Y/N** | Relation_____ | |
| Diabetes | **Y/N** Relation_____ | Retinal detachment | **Y/N** | Relation_____ | |
| Glaucoma | **Y/N** Relation_____ | Macular degeneration | **Y/N** | Relation_____ | |

Other eye conditions_____Relation_____

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**Personal Information**

Do you wear glasses? **Y/N** Do you wear contacts? **Y/N** Type_____
Have you had an eye injury? **Y/N** What kind?_____When?_____
Do you have glaucoma? **Y/N** Cataracts? **Y/N** Dry Eyes? **Y/N** Blurred vision? **Y/N**
Other eye problems? **Y/N** What kind?_____
Additional information_____
_____
Whom may we thank for referring you?_____