

PATIENT HISTORY

Name _____ Date _____

Primary Physician(PCP) _____

Pharmacy _____ Pharmacy Location _____

Language: Primary Language Spoken: _____

Ethnicity: Which Category best describes your race? (One or more categories may be marked)

- American Indian/Alaska Native
- White
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- Declined

Race: Are you Hispanic, Latino, or Spanish origin? (Please Check One)

- Hispanic Origin
- Not of Hispanic Origin
- Declined

MEDICAL HISTORY:	<u>YES</u>	<u>NO</u>	<u>DR. WHO TREATS COND.</u>
Diabetes	_____	_____	_____
Plaquenil Therapy	_____	_____	_____
Heart	_____	_____	_____
Hypertension	_____	_____	_____
Cholesterol	_____	_____	_____
HIV	_____	_____	_____
Hepatitis	_____	_____	_____
Lung	_____	_____	_____
Thyroid	_____	_____	_____
Cancer	_____	_____	_____
Arthritis	_____	_____	_____
Lupus	_____	_____	_____
Stroke	_____	_____	_____
Sjogrens Syndrome	_____	_____	_____
Tuberculosis	_____	_____	_____
Other	_____	_____	_____

MEDICATION ALLERGIES: ___ Yes ___ No If Yes, Please list:

MEDICATIONS:

Please list all medications, including eye drops, OTC medications, and Supplements.

If you have a current list, please bring to the receptionist.

<u>Name</u>	<u>Dosage</u>	<u>Times a Day</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OPHTHALMIC HISTORY:

Have you had any previous eye surgery? Yes No

If yes, Please Explain:

<u>Date</u>	<u>Doctor</u>	<u>Procedure</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you had an eye injury? Yes No

If yes, please Explain: _____

Have you had Refractive Surgery? (Lasik, PRK, RK) Yes No

HOSPITALIZATION:

Have you been hospitalized in the past for any major surgery, illness, or injury?

Yes No - If yes, please give an explanation and dates.

