Optometry and Ophthalmology Patient Medical History Form

Recreational Substance Usage

If comfortable, mark all that apply

- ☐ Current Smoker
- ☐ Former Smoker _____
- ☐ Never Smoker

- ☐ Alcohol Use - Never
- ☐ Alcohol User - Occasional
- ☐ Alcohol Use - Frequent

- ☐ Recreational Drug Use - Never
- ☐ Recreational Drug Use - Occasional
- ☐ Recreational Drug Use - Frequent

Personal Medical History

Please mark beside any conditions you currently have:

- ☐ Thyroid/Endocrine
- ☐ Heart/Cardiovascular
- ☐ Hypertension/Vascular
- ☐ CVA/Neuro
- ☐ COPD/Asthma/Respiratory
- ☐ Other

- ☐ Arthiritis/Bone/Joint
- ☐ Allergy/Immune
- ☐ Cancer/Immune
- ☐ Kidney/GU
- ☐ Ear/Nose/Throat

- ☐ Fever/Weight Change
- ☐ Gastrointestinal
- ☐ Cholesterol

_____

☐ Previous Surgery

_____

☐ Previous Eye Surgery/Procedure

_____

Current Medication List

Name of medication (dose not required)

1. _____	6. _____	11. _____
2. _____	7. _____	12. _____
3. _____	8. _____	13. _____
4. _____	9. _____	14. _____
5. _____	10. _____	15. _____

Family Medical History

Parents, Grandparents, Siblings <u>ONLY</u>

- ☐ Glaucoma
  Relation _____
- ☐ Macular Degeneration
  Relation _____
- ☐ Retinal Detachment/Tears
  Relation _____
- ☐ Rheumatoid Arthritis *Relation* _____
- ☐ Cancer
  Relation _____

- ☐ Diabetes
  Relation _____
- ☐ Heart Disease
  Relation _____
- ☐ Hypertension
  Relation _____
- ☐ Kidney Disease
  Relation _____
- ☐ Thyroid Problems
  Relation _____

☐ Other:
_____
_____
_____