

Medical History

Name: _____ Date: _____

Last eye examination: _____ Last thorough medical exam: _____

- Do you take any medications (Rx and over the counter)? N Y List on the next page in Section A
- Have you had any major illnesses or injuries? N Y List on the next page in Section B
- Have you had any eye surgeries? N Y List on the next page in Section C
- Do you have allergies to any medications? N Y _____

Do you currently have any problems in the following areas? If needed continue on next page in Section D

- Eyes (poor vision, eye pain, tearing, redness, itching, burning, spots) N
- General/Constitutional (fever, heat stroke, weight loss or gain, unusually tired) N
- Ears, Nose, Throat (hard of hearing, stuffy nose, ear ache, cough, dry mouth, etc.) N
- Cardiovascular (high BP, racing pulse, etc.) N
- Respiratory (congestion, wheezing, shortness of breath, etc.) N
- Gastrointestinal (stomach upset, diarrhea, constipation, ulcers, etc.) N
- Genital, Kidney, Bladder (painful urination, frequent urination, impotence, yellow jaundice, etc.) N
- Females (Are you pregnant? Nursing?) N
- Muscles, Bones, Joints (joint pain, stiffness, swelling, cramps, arthritis, etc) N
- Skin (warts, growths, rash, skin cancer, etc.) N
- Neurological (numbness, headache, seizures, paralysis, etc.) N
- Psychiatric (anxiety, depression, insomnia) N
- Endocrine (diabetes, hypothyroid, etc.) N
- Allergic / Immunologic (sneezing, swelling, redness, itching, hives, lupus, etc.) N

Has any member of your family had these diseases (check all that apply)? And who?

- Macular Degeneration _____
- Glaucoma _____

- Ever have a blood transfusion? N Y Do you drink alcohol? N Y
- Do you use illicit drugs? N Y Do you smoke? N Y

Does your vision limit any activities of daily living (driving, reading, sports, work, etc.) N Y

Patient signs: _____ Doctor signs: _____

Section A - Medication List

Reviewed by Dr. Steensma: _____

Medication	Why taken	Medication	Why taken

Section B - Major Illnesses & Injuries

Section C - Eye Surgery History

Section D - Other Current Health Problems
