Medical History Questionaire

Name _____ Today's Date / /

Social Security Number / / Date of Birth / / Height Ft In Weight Lbs

When was your last eye exam? / / Are you planning to update your glasses/contact lenses today? ☐ Yes ☐ No ☐ ?
If you did not have your last eye exam with us, where was the last vision exam. _____
If you wear glasses. How old is your current pair of lenses? _____
If you wear contact lenses. How old is your current pair of lenses? _____
If you wear contact lenses. Are they ☐ Rigid ☐ Soft ☐ Extended Wear. How often do you replace them? _____
Are you interested in prescription sunglasses? ☐ Yes ☐ No Are you interested in Lasik Vision Correction? ☐ Yes ☐ No
Are you pregnant or nursing? ☐ Yes ☐ No Name of your Medical Doctor _____
Are you right or left handed? ☐ RT ☐ Lf

What is your main concern for todays visit? ☐ Routine ☐ Other Explain: _____

Have you been diagnosed with ☐ Cataracts ☐ Macular Degeneration ☐ Glaucoma ☐ Lazy eye ☐ Retinal Detachment
☐ Floaters ☐ Diabetic Retinopathy ☐ Dry eyes ☐ Eye Injury ☐ Eye Infections
Have you had any eye surgery ☐ Cataracts ☐ Eye Teaming Surgery ☐ Glaucoma ☐ Retinal Surgery _____

List any EYE medications you take: _____ _____ _____ _____

Family Eye History

	Mother	Father	Brother	Sister	Other
Cataracts	☐	☐	☐	☐	☐
Glaucoma	☐	☐	☐	☐	☐
Macular Degeneration	☐	☐	☐	☐	☐
Diabetic Retinopathy	☐	☐	☐	☐	☐
Lazy Eye/ Eye Teaming	☐	☐	☐	☐	☐

Social History

This information is kept strickly confidential. However, you may discuss this portion with the doctor if you prefer.
☐ Yes, I would prefer to discuss my social history information directly with Dr. McCoy.
Do you drive? ☐ Yes ☐ No If yes , do you have visual difficulty when driving? ☐ Yes ☐ No _____
Have you ever used tobacco? ☐ Yes ☐ No If Yes, ☐ Former ☐ Current every day _____
Do you drink alcohol? ☐ Yes ☐ No If Yes ☐ Former ☐ Current every day _____
Do you use illegal drugs? ☐ Yes ☐ No If Yes ☐ Former ☐ Current user
Have you ever been exposed to or infected with: ☐ Hepatitis ☐ HIV ☐ Gonorrhea

Thanks for completing this form.

Hx reviewed / / Dr. Signature _____