Cataract and Eye Disease Specialists, Inc.

Name: _____ **Date: _____**

MEDICAL HISTORY

List **all medications** you currently take, including eye drops.

_____

_____

_____

Do you have any medications allergies? ___ Yes ___ No

If yes, please list all medications allergies _____

Have you had any of the following illnesses? Please check YES or NO for each.

YES	NO		YES	NO	
		EARS, NOSE, THROAT,MOUTH			**SKIN**
___	___	Dry Mouth	___	___	Melanoma
___	___	Sinus disease	___	___	Eczema/Psoriasis
		CARDIOVASCULAR			**NEUROLOGICAL**
___	___	High blood pressure	___	___	Migraines
___	___	High Cholesterol	___	___	Stroke/TIA (Date:_____)
___	___	Heart attack (Date:_____)	___	___	Seizure (Date:_____)
___	___	Heart Condition (Specify:_____)	___	___	Dementia/Alzheimer's
		PULMONARY			**GI/GENITOURNARY**
___	___	Asthma	___	___	Hepatitis
___	___	COPD/Emphysema	___	___	Prostate
___	___	Sleep Apnea if yes, do you use CPAPP Y/N	___	___	Kidney Disease
		ENDOCRINE			**HEME/ONCOLOGY**
___	___	Thyroid disease	___	___	Bleeding tendency
___	___	Diabetes	___	___	Cancer (Specify:_____)
		PSYCIATRIC			**ALLERGY/IMMUNOLOGY**
___	___	Depression	___	___	Seasonal Allergies
___	___	Anxiety	___	___	HIV/AIDS

List any surgeries, major illnesses, or hospitalizations, other than listed above. _____

_____

FAMILY HISTORY

Does anyone in your family (mother, father, sibling, grandparent, and aunt/uncle) have the following problems?

Eye	___	Macular degeneration	___	Glaucoma	___	Blindness	___ Retinal detachment
Medical	___	Cardiovascular	___	Hypertension	___	Stroke	___ Specify: _____

SOCIAL HISTORY

Smoking status

___ Never smoked ___ Previously smoked

___ Current smoker…..Please specify ___ Fewer the 10 cigarettes/day ___ More than 10 cigarettes/day

Alcohol consumption

___ Never ___ 0-1 drink/day ___ 2-3 drinks/day ___

Do you drive?	___	Yes	___	No			
Do you live alone?	___	Yes	___	No			
Marital status	___	Single	___	Married	___	Divorced	___ Widowed
Current occupation	___	Retired	___	Specify: _____			

PHYSICIAN SIGNATURE: _____ Date: : _____