

## **MEDICAL HISTORY FORM**

Patient		Date		Date of Birth:	
Please	circle (Yes or No) for each of the				
	ne other than the patient, give name a			yes, pieuse provide yeur	or on-set. (If completed by
YN	High Blood Pressure		ΥN	Hard of Hearing	•
YN	Type 1 Diabetes		YN	Stroke	
YN	Type 1 Diabetes Type 2 Diabetes	<del></del>	YN	High Cholesterol	
YN	Heart Disease	<del></del>	ΥN	Migraine	•
YN	Heart Attack	<del></del>	YN	Blood Disorder	
YN	Irregular Heart Beat		ΥN	Lung Disorder	<del></del>
YN	Carotid Artery Disease		ΥN	Thyroid Disorder	
YN	Osteo/Rheumatoid Arthritis		YN	Intestinal Disorder	<del></del>
YN	Rheumatic Fever as a Child		ΥN	Psychiatric Disorder	
YN	Hepatitis		YN	Seizures/Seizure Disorder	-
YN	Cancer		Other:	Seizules/Seizule Disoluei	
	Ganger	<del></del>	Otrici.		
MEDICA	ATIONS: Please list all medications take	en regularly on the back of	this form.		
CLIDCI	CAL HISTORY: Diagon list surgeries	you have had to			
	CAL HISTORY: Please list surgeries				
ANY DO	ody part, along with the approximate y				
	Use reverse	e side if necessary			
D	have any METALLIC devices/nices				
•	have any METALLIC devices/pieces				
in your	body?   Yes   No. If yes, please p	rovide location:			
ALLED	GIES (Madigations Later Environm	antal):			
ALLER	GIES (Medications, Latex, Environm	<u></u>			
FAMIL'	Y HISTORY: (Parent, Grandparent, S	ibling or Child)			
ΥN	Blindness (cause?)		ΥN	"Lazy Eye"	
ΥN	Macular Degeneration		ΥN	Diabetes	
ΥN	Glaucoma		ΥN	High Blood Pressure	
SOCIA	L HISTORY: Lifestyle can also affect	our health in many ways			
		cco? Y NDo you use alco	ohol?	Daily Occasionally	Never
	work with metals, fumes, chemicals			Do you wear safety glasse	
Do you	work or have a hobby that you might	need visual correction for			
Is there	another adult living in your househo	d? Y N			
OCUL A	AR HISTORY: (New patients only)				
YN	Eye Injury (Describe)				
YN	Dry Eyes If yes, how treated?				
YN	Contact Lenses If yes: Soft or Hard? Daily or Extended wear? Still wearing? Yes Not since				
ΥN	Retinal Disorder or Surgery				
ΥN	Cornea Disorder or Surgery				
ΥN	Eyelid Disorder or Surgery				
ΥN	Eye Muscle Disorder ("Lazy Eye")	or Surgery			
ΥN	Cataract (current) or Cataract Surg	ery			
ΥN	Glaucoma or Glaucoma Surgery/La	ser			
Other:					
Detter	/Cuandian Si		_	40.	
ratient	/Guardian Signature:	***********	Da	te: BELOW**************	<u>****</u>
Date	by /		SDATED		1
Date _		Date_			