MEDICATIONS	ALLERGIES
List medications your are currently taking, including eye drops __________ __________ __________ __________ __________	List your allergies to medications or other substances __________ __________ __________ __________

EYE HEALTH HISTORY

Date of last eye exam? ________________ Do you wear glasses? YES or NO Do you wear contact lenses? YES or NO

Type of contacts ________________ Any problems with contacts? ________________________________

List any Eye injuries or Surgeries ________________________________

Please mark if you have any of the following symptoms?

- ☐ **Blurred Vision – Distance**
- ☐ **Blurred Vision – Near**
- ☐ Burning eyes
- ☐ **Dry eyes**
- ☐ Itching eyes
- ☐ Light Sensitive
- ☐ **Headaches**
- ☐ **Glare**
- ☐ Discharge from eyes
- ☐ **Red eyes**
- ☐ Double vision
- ☐ **Seeing Flashes or Floaters**
- ☐ **Watery eyes**
- ☐ Poor night vision
- ☐ Twitching eyelids
- ☐ Other: ____________
  ____
  ____

HEALTH HISTORY

Physician's Name ________________________________ Date of Last Visit ________________

Please check the boxes next to any conditions that **you** or any of your **blood relatives** have been diagnosed with.

	Yourself	Family Members
Arthritis	☐	☐
Artificial Heart Valve	☐	☐
Artificial Joints	☐	☐
Asthma	☐	☐
Bleeding	☐	☐
Blindness	☐	☐
Cancer	☐	☐
Cataracts	☐	☐
Chemical Dependency	☐	☐
Diabetes	☐	☐
Emphysema	☐	☐
Epilepsy	☐	☐
Glaucoma	☐	☐
Hay Fever	☐	☐
Heart Condition	☐	☐
Turned Eye	☐	☐
Hepatitis (Type_______)	☐	☐
High Blood Pressure	☐	☐
Kidney Disease	☐	☐
Lazy Eye	☐	☐
Lupus	☐	☐
Migraine Headaches	☐	☐
Macular Degeneration	☐	☐
Poor Color Vision	☐	☐
Retinal Disease	☐	☐
Rheumatic Fever	☐	☐
Shingles	☐	☐
Skin Conditions	☐	☐
Stroke	☐	☐
Thyroid Conditions	☐	☐
Tuberculosis	☐	☐

Are You Pregnant? ____________ Number of Children ________ Tobacco Use ________________

Drug Use ________________ Alcohol Use ________________

VISUAL DEMANDS:

Circle all activities in which you participate:

Bookkeeping, Camping, Carpentry, Computers, Crocheting, Cross Stitch, Desk work, Farming, Fishing, Flying, Gardening, Golf, Hunting, Knitting, Mechanics, Music, Reading, Sewing, Sports, Student, Teacher

Reviewed: __________ __________ __________ __________ __________

__________ __________ __________ __________ __________