

Dubin Optometric Clinic

Patient: _____

Medical History Questionnaire

DOB: _____ Date: _____

Guardian (If Applicable): _____ Patient's Occupation: _____

Primary Medical Insurance: _____ Last Eye Exam: _____ / _____ / _____

Secondary Medical Insurance: _____ Last Medical Exam: _____

Name of Primary Care Physician: _____ Dr's. Phone: _____

Medical History

Do you have any allergies to medications: no yes If yes, which one: _____

List any medications you take (including oral contraceptives, aspirin, over the counter medications and home remedies)

List all major injuries, surgeries and/or hospitalizations you have had: _____

List any of the following that you have had: crossed eyes, lazy eye, drooping eyelid, prominent eyes, glaucoma, retinal disease, cataracts, eye infections, eye injury or eye surgery: _____

Are you pregnant and / or nursing? no yes

Do you wear glasses? no yes If yes, how old are your present pair(s) of glasses? _____

Do you wear contact lenses? no yes If yes, how old is your present pair of lenses? _____

Type of contact lenses: gas perm soft extend wear other Are they comfortable? no yes

Family History

Please note any family history (parents, grandparents, siblings, children, living or deceased) for the following:

DISEASE / CONDITION	NO	YES	?	RELATIONSHIP TO YOU
Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Macular Degeneration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Retinal Detachment / Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

** Please turn this form over and complete side two **

