

Tigard Vision Center MEDICAL HISTORY

Name: _____ Sex: M F Birth Date: _____ Today's Date: _____

Date of last eye exam: _____ Name of Doctor/Clinic: _____

Primary Care Physician/Location: _____

Are you currently taking: Flomax Coumadin Plavix Aspirin Rapaflo Uroxatral Minipress Cardura Hytrin Plaquenil Metformin Insulin

Current medications and what they are used for (prescription and over-the-counter): _____

Allergies to any medications?: _____

Have you ever had LASIK, PRK or Keratotomy? YES / No _____

Have you had any recent major illnesses / injuries / surgeries?: _____

Do **you** currently have any problems in the following areas? If YES, please provide information.

Review of Body Systems	YES	NO	Explanation of Problem
EYES (Glaucoma, cataract, retinal disease, loss, etc.)			
DIABETES (list A1C & when diagnosed)			
HEART, CHOLESTEROL, HIGH BLOOD PRESSURE			
BREATHING, LUNGS			
GASTROINTESTINAL			
GENITAL, KIDNEY, BLADDER			
MUSCLES, BONES, JOINTS			
SKIN			
NEUROLOGICAL / STROKE			
PSYCHIATRIC			
EAR, NOSE, THROAT			
BLOOD / LYMPH			
ALLERGIC / IMMUNOLOGIC			
ENDOCRINE (thyroid)			
OTHER			

Family History

Disease	YES	NO	Relationship to Patient
Blindness			
Cataracts			
Glaucoma			
Macular Degeneration			
Other Eye Disease			
Diabetes			

Tigard Vision Center

MEDICAL HISTORY

Social History

Do you drive?.....

Do you have visual difficulty when driving? If yes: daytime, nighttime, or both?

Do you have visual difficulty when reading?

Have you ever tried contact lenses?.....

Do you currently wear contact lenses?..... If yes: What kind? _____ Solutions used? _____

Are you satisfied with your contacts?.....

Do you wear glasses?..... If yes: how old are your current glasses? _____

Do you smoke?..... If yes: occasional 1/2 pack/day 1 pack/day 2pack/day 3+ pack/day

Do you drink alcohol?.....

Are you currently pregnant?..... If yes: expected due date: _____

Are you currently employed?..... If yes: occupation? _____

Do you use a computer?..... If yes: how many hours per day? _____

Marital Status: Single Divorced Widowed / Widower Married / Partnership _____
Spouse / Domestic Partner's Name