

Tigard Vision Center MEDICAL HISTORY

Name: _____ Birth Date: _____ Today's Date: _____

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

Height: _____ Weight: _____ Sex: M F

Primary Care Physician/Location: _____

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

Have you ever had LASIK, PRK or Keratotomy? Date and facility: _____

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

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

Allergies to any medications?: _____

Do you **currently** have any problems in the following areas?

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			

Social History

Do you drive?.....
 Do you have visual difficulty when driving?
 Do you have visual difficulty when reading?
 Have you ever tried contact lenses?.....
 Do you currently wear contact lenses?.....
 Are you satisfied with your contacts?.....
 Do you wear glasses?.....
 Do you smoke?.....
 Have you ever been a smoker in the past?
 Do you drink alcohol?.....
 Are you currently pregnant?.....
 Are you currently employed?.....
 Do you use a computer?.....

YES	NO

If yes: daytime, nighttime, or both?

 If yes: What kind? _____ Solutions used? _____
 If yes: how old are your current glasses? _____
 If yes: occasional 1/2 pack/day 1 pack/day 2pack/day 3+ pack/day
 For how many years?: _____
 If yes: expected due date: _____
 If yes: occupation? _____
 If yes: how many hours per day? _____

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