

## HISTORY and INTAKE FORM

NAME: \_\_\_\_\_

**PAST MEDICAL HISTORY:** *(Please circle all that apply)*

Anxiety	Colon Cancer	Hearing Loss	Lymphoma
Arthritis	COPD	Hepatitis	Pacemaker
Artificial Joints	Coronary Artery Disease	Hypertension	Prostate Cancer
Asthma	Depression	HIV/AIDS	Radiation Treatment
Atrial fibrillation	Diabetes	Hypercholesterolemia	Seizures
BPH	End Stage Renal Disease	Hyperthyroidism	Stroke
Bone Marrow Transplantation	GERD	Hypothyroidism	Valve Replacement
Breast Cancer		Leukemia	None
		Lung Cancer	

OTHER: \_\_\_\_\_

**PAST SURGICAL HISTORY:** *(Please circle all that apply)*    L=Left    R=Right

Appendectomy		Knee Replacement	L R	Prostate Removed: Prostate Cancer
Bladder Removed		Kidney Biopsy	L R	TURP
Mastectomy	L R	Kidney Stone Removed	L R	Rectum: APR
Lumpectomy	L R	Liver Removed		Rectum: LAR
Breast Biopsy	L R	Liver Transplant		Basal Cell Cancer Surgery
Colectomy: Resection		Liver Shunt		Melanoma Surgery
Colectomy: Diverticulitis		Ovaries Removed: Cancer		Skin Biopsy
Colectomy: IBD		Ovaries Removed: Cyst		Squamous Cell Carcinoma Surgery
Gallbladder Removed		Ovaries Tubal Ligation		Spleen Removed
Biological Valve Replacement		Ovaries Removed:		Testicles Removed
Coronary Artery Bypass		Endometriosis		Hysterectomy: Fibroids
Heart Transplant		Pancreas Removed		
Mechanical Valve		Prostate Biopsy		
Hip Replacement	L R			

**OCULAR HISTORY:** *(Please circle all that apply)*    L=Left    R=Right

Allergic conjunctivitis	L R	Macular degeneration	L R	PVD	L R
Blepharitis	L R	Macular ERM	L R	Yag capsulotomy	L R
Cataract	L R	Narrow angles	L R	Vitreous Floaters	L R
DSAEK	L R	Ocular hypertension	L R		
Corneal dystrophy	L R	Ophthalmic migraine	L R		
Diabetic retinopathy	L R	Pseudoexfoliation	L R		
Dry eyes	L R	Retinal tear	L R		
Glaucoma	L R	Strabismus	L R		

**OCULAR SURGERY:** (Please circle all that apply) L = Left Eye R = Right Eye

Blepharoplasty	L R	LASIK	L R	Strabismus	L R
Cataract surgery	L R	LPI	L R	Retinal laser	L R
Corneal transplant	L R	LTP	L R	Trabeculectomy	L R
DSAEK	L R	PRK	L R	Tube shunt	L R
Eye muscle surgery	L R	Ptosis repair	L R	Yag capsulotomy	L R
Intravitreal injections	L R	Punctal plugs	L R		

**MEDICATIONS:** (Please list all current medications)

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**ALLERGIES:** (Please list all allergies)

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**SOCIAL HISTORY:** (Please circle all that apply)

**Cigarette Smoking:**

- Never smoked
- Quit: Former Smoker
- Smokes less than 1 pack per day
- Smokes daily

**Alcohol:**

- Do NOT drink at all
- Occasional drinks
- 1-2 drinks per day
- More than 3 drinks per day

**Family History:** (please circle all that apply)

M=Mother F=Father B=Brother S=Sister

Blindness	M F B S
Cancer	M F B S
Cataracts	M F B S
CVA	M F B S
Macular degeneration	M F B S
Diabetes	M F B S
Glaucoma	M F B S
Heart disease	M F B S
Migraine	M F B S
Strabismus	M F B S
Retinal detachment	M F B S

PLEASE CHECK ANY OF THE FOLLOWING SYMPTOMS THAT YOU ARE CURRENTLY EXPERIENCING

	SYSTEM	YES	NO
Poor Vision	Eyes		
Eye Pain	Eyes		
Tearing	Eyes		
Redness	Eyes		
Jaw Pain	Eyes		
Scalp Tenderness	Eyes		
Amaurosis fugax	Eyes		
Loss of Vision	Eyes		
Uncontrolled Blood Pressure	Cardiovascular		
Uncontrolled Blood Sugar	Endocrine		
Weight loss	Constitution		
Stuffy nose	ENT		
Dry mouth	ENT		
Congestion	Respiratory		
Shortness of breath	Respiratory		
Upset Stomach	Gastrointestinal		
Incontinence	Genitourinary		
Arthritis	Musculoskeletal		
Headache	Neurological		
Anxiety	Psychiatric		
Allergies	Allergic/immunologic		

Other Symptoms: \_\_\_\_\_

ALERTS: ARE YOU CURRENTLY EXPERIENCING ANY OF THE FOLLOWING? (PLEASE CHECK)

ALERT	YES	NO
Allergy to Lidocaine		
Allergy to Fluorescein		
Allergy to dilation drops		
Blood thinners		
Defibrillator		
Flomax		
MRSA		
Narrowangles		
Pacemaker		
Premedication prior to procedure		
Rapid heart beat with epinephrine		
Pregnancy or planning a pregnancy		
Artificial joints within the past two years		
Steroid responder		

Other Symptoms: \_\_\_\_\_