Ophthalmology
Collegeville Eye Physicians & Surgeons

Ophthalmology
Physicians & Surgeons, PC

Eye Care
Physicians & Surgeons

Name: _____ Date of Birth: _____ Date: _____

Language: ❍ English ❍ Spanish ❍ Other: _____

Family Doctor: _____

Who can we thank for your referral?: _____

Preferred Pharmacy:

_____
Local Pharmacy | Address | Phone Number

_____
Mail Order Pharmacy | Address | Fax Number

Select any of the following medical conditions that your currently have:

- ❑ Anxiety
- ❑ Arthritis
- ❑ Asthma
- ❑ Irregular Heartbeat
- ❑ Bone Marrow Trans
- ❑ BPH
- ❑ Breast Cancer
- ❑ Colon Cancer
- ❑ COPD
- ❑ Coronary Artery Disease
- ❑ Depression
- ❑ Diabetes
- ❑ End Stage Renal Disease
- ❑ GERD
- ❑ Hearing Loss
- ❑ Hepatitis
- ❑ Hypertension
- ❑ HIV/AIDS
- ❑ High Cholesterol
- ❑ Hyperthyroidism
- ❑ Hypothyroidism
- ❑ Leukemia
- ❑ Lung Cancer
- ❑ Lymphoma
- ❑ Prostate Cancer
- ❑ Radiation Treatment
- ❑ Seizures
- ❑ None
- ❑ Other: (please list): _____

List any OTHER surgeries you have had:

_____ _____

_____ _____

Select any of the following ocular conditions that you have:

- ❑ Allergic Conjunctivitis
- ❑ Blepharitis
- ❑ Contact Lenses
- ❑ Corneal Dystrophy
- ❑ Diabetic Retinopathy
- ❑ Dry Eyes
- ❑ Glasses
- ❑ Glaucoma
- ❑ Macular Degeneration
- ❑ Narrow Angles
- ❑ Ocular Hypertention
- ❑ Ophthalmic Migraine
- ❑ Retinal Tear
- ❑ Crossed Eyes
- ❑ Posterior Vitreous Detachment (PVD)
- ❑ Floaters
- ❑ None
- ❑ Other: (please list) _____

Select any of the following Eye Surgeries that you have had:

- ❑ Blepharoplasty
- ❑ Cataract Surgery Right
- ❑ Cataract Surgery Left
- ❑ Corneal Transplant
- ❑ DSAEK/DMEK
- ❑ Eye Muscle Surgery
- ❑ Intravitreal Injections
- ❑ RK/LASIK/PRK
- ❑ Ptosis Repair
- ❑ Punctal Plugs
- ❑ Retinal Laser
- ❑ Selective Laser Trabeculoplasty (SLT)
- ❑ Trabeculectomy
- ❑ Yag Capsulotomy Right
- ❑ Yag Capsulotomy Left
- ❑ None
- ❑ Other: (please list) _____

PLEASE CONTINUE TO PAGE 2

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Next Page

Bethlehem
65 East Elizabeth Avenue
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610-868-0130
(F) 610-868-0612

Blue Bell
1179 DeKalb Pike
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610-272-1211
(F) 610-272-3858

Collegeville
753 West Main Street
Suite D
610-489-7440
(F) 610-489-7130

Hatboro
331 North York Road
Building A
215-672-4300
(F) 215-672-9524

Levittown
1609 Woodbourne Road
Suite 303
215-547-1818
(F) 215-547-5174

North Wales
1140 Welsh Road
Suite 220
215-542-1522
(F) 215-542-9609

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List all Prescriptions and Over the Counter medications you are taking: (including Eye Drops)
If you have a list, please give it to the receptionist to copy in lieu of filling out this form:

Medication Name	Dosage	Taken how often? PRN= when needed	Route
		BB ___Times a day OR ❑ PRN	◯Oral, ◯Topical, ◯Injection
		BB ___Times a day OR ❑ PRN	◯Oral, ◯Topical, ◯Injection
		BB ___Times a day OR ❑ PRN	◯Oral, ◯Topical, ◯Injection
		BB ___Times a day OR ❑ PRN	◯Oral, ◯Topical, ◯Injection
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		BB ___Times a day OR ❑ PRN	◯Oral, ◯Topical, ◯Injection

List ANY DRUG ALLERGIES: ____

____

SOCIAL HISTORY:

Do you use Tobacco? ◯Every Day Smoker ◯Some day Smoker ◯Former Smoker ◯Never

DO YOU HAVE ANY OF THE FOLLOWING TODAY?

❑ Changes in weight
❑ Palpitations or changes in heartbeat
❑ Elevated or changes in blood pressure
❑ Rashes, moles, or dry skin
❑ Elevated blood sugar
❑ Shortness of breath
❑ Numbness or tingling
❑ Allergies
❑ Headache
❑ Anemia
❑ Changes in mood
❑ Joint pains
❑ Bruising

FAMILY HISTORY: Does any member of your immediate family (blood relatives) have/had these diseases?

Disease/Condition	✓ Which Family Member(s)	Disease/Condition	✓ Which Family Member(s)
Thyroid Disorder ◯yes ◯no	❑ Mother ❑ Father ❑ Sister ❑ Brother ❑ Daughter ❑ Son	Glaucoma ◯yes ◯no	❑ Mother ❑ Father ❑ Sister ❑ Brother ❑ Daughter ❑ Son
Stroke ◯yes ◯no	❑ Mother ❑ Father ❑ Sister ❑ Brother ❑ Daughter ❑ Son	Diabetes ◯yes ◯no	❑ Mother ❑ Father ❑ Sister ❑ Brother ❑ Daughter ❑ Son
Macular Degeneration ◯yes ◯no	❑ Mother ❑ Father ❑ Sister ❑ Brother ❑ Daughter ❑ Son	Cataracts ◯yes ◯no	❑ Mother ❑ Father ❑ Sister ❑ Brother ❑ Daughter ❑ Son
Mother is Alive ◯yes ◯no - if alive, is she ◯well or ◯has problems			
Father is Alive ◯yes ◯no - if alive, is she ◯well or ◯has problems			

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