



Welcome to Primary Eye Care Center, PC

To better serve you, please complete this questionnaire as best you can. Our ophthalmic assistant and ophthalmologist will review it with you. Please underline or circle any positive responses.

Name: \_\_\_\_\_ Best Day Phone # \_\_\_\_\_ Date: \_\_\_\_\_

- 1. Do you have any eye conditions such as: Cataracts, glaucoma, macular degeneration, diabetic eye conditions, lazy eye, crossed eyes, eye trauma, infections? Other eye conditions:
2. Have you had any eye surgery or laser treatment?
3. Please list any eye medications you use or should use.
4. Date of your last eye exam:
5. Do you have any of the following medical conditions: diabetes, heart disease, high cholesterol, arthritis, high blood pressure, prostate disease, asthma, lung conditions, thyroid disease, cancer, neurological conditions, migraines or other headaches? Other medical conditions:
6. Please list any medications/vitamins/herbal supplements you take regularly:
7. Do you have any known drug/medication or environmental allergies?
8. Do you smoke? Yes [ ] Never [ ] No [ ] Quit \_\_\_\_ years ago
9. Do you drink alcohol? No [ ] Yes - rarely [ ] socially [ ] heavy [ ]
10. Does anyone in your immediate family have: glaucoma, diabetes, macular degeneration, cataracts at an early age? Any unusual eye conditions in your family?

REVIEW OF BODY SYSTEMS: Please underline or circle any positive responses.

Table with 2 columns: Problem description, NO YES. Rows include: 1. Fevers, fatigue, unexpected weight loss/gain, 2. Ear, nose, sinus or throat problems, hearing loss, 3. Heart problems, chest pain, irregular heart beat, 4. Respiratory problems, shortness of breath, wheezing, cough, 5. Gastrointestinal problems, heartburn, vomiting, diarrhea, 6. Urinary or genital problems, kidney disease, prostate disease, 7. Skin problems, rashes, 8. Muscle or skeletal problems, arthritis, breast disease, 9. Neurological problems, numbness, weakness, headaches, 10. Psychiatric problems, depression, anxiety, high stress, 11. Endocrine problems, excessive thirst, heat/cold intolerance, 12. Swollen glands, bleeding disorders, immune disorders, 13. Hepatitis, HIV, AIDS.