Vitreo-Retinal Associates, P.C.

Medical History Form (page 1)

Patient Name

/ / Today's Date

/ / Date of Birth

Male Female *(circle one)*

Eye Color

Most Recent Eye Exam: / / Exam Date | Name of Doctor | / / Date of last glasses or contacts

Past Ocular History	YES	NO	If Yes, Explain
Eye Injuries			
Eye Surgery			
Laser Eye Surgery			
Plastic or Refractive Eye Surgery			
Retinal Problems			
Crossed or Lazy Eyes			
Glaucoma			
Cataracts			

Medication Allergies:

Environmental / Seasonal Allergies:

Past Major Illnesses or Injuries:

Previous Surgeries	Date

Current Eye Medications and Drops		
Name of Medication / Drops	Amount Taken	How Often

Current Medications (including over the counter medications, vitamins/herbal supplements, inhalers, injections, patches)		
Name of Medication	Amount Taken (mg.)	How Often

Pharmacy Name and Phone Number:

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Medical History Form (page 2)

Social History	YES	NO	If Yes, How much	For How Long
Smoking				
Alcohol				
Recreational/Street Drugs				
Are You Pregnant?			**Due Date:**	
Hobbies:				
Living Arrangements: (check one)	○ Alone ○ With Spouse/Sig. Other		○ With Family/Friend(s) ○ Assisted Living	○ Nursing Home ○ Other:___________

<u>Patient's</u> Current Medical Conditions	YES	NO	If Yes, Explain (how long, complications, etc...)
Diabetes: *(if yes, please indicate type)*			Type I or Type II
High Blood Pressure			
High Cholesterol			
Thyroid Disorders			
Stroke			
Heart Disease			
Respiratory Problems			
Psychological Disorders			
Headaches / Dizziness			
Fever / Weight Loss			
Muscle / Bone / Joint Problems			
Blood / Bleeding Disorders			
Abdominal Problems			
Genital / Urinary Problems			
Ear / Nose / Mouth / Throat Problems			
Skin Disorders			
Immunologic Disorders			
Neurological Disorders			
Cancer			
Other:			

Family Medical History *i.e., mother, father, brother, sister, grandparent.*	YES	NO	If Yes, Explain (how long, complications, etc...)
Retinal Detachment / Tear			
Macular Degeneration			
Diabetic Retinopathy			
Cataracts			
Glaucoma			
Blindness			
Diabetes			
Hypertension			
Heart Disease			
Cancer			