

BRIGHTON EYE ASSOCIATES EYE AND MEDICAL HISTORY QUESTIONNAIRE

Last name _____ First _____ Date _____

PERSONAL EYE INFORMATION

What is the problem you are having with your eyes? _____
What do you do for a living **or** what grade are you in? _____
When was your last eye examination with an **eye doctor**? _____
Have you had any eye operations yes / no. What type _____ When _____
Eye injuries yes / no. What type _____ Which eye R / L When _____
Do you have any known eye disease. yes / no What type _____
Do you have glasses yes / no. Do you see well with your glasses yes / no.
Other comments or special hobbies _____

PERSONAL MEDICAL HISTORY

How is your general health _____ Your physician's name _____

Please circle if you have problems with any of the following: Ear, nose, throat problems, heart disease, high blood pressure, diabetes, lung or breathing problems, intestinal disease, genitourinary, muscle, bone, joints, skin, nerve, glaucoma, mental conditions.

Other medical problems _____

If you have diabetes, when was it diagnosed _____ Do you use Insulin yes / no.

Please list **all** your medications or attach a list:

Allergies yes / no To what? _____
Headaches yes/ no. Other comments _____

CONTACT LENS HISTORY

Do you wear contact lenses yes / no. Do you want contact lenses today yes / no.
What kind of contact lenses do you wear hard / soft What solutions do you use _____
How often do you change your soft contact lenses _____ - _____
Do you sleep in your contact lenses yes / no. Is your vision with your current lenses clear yes / no.
Have you ever had any contact lens problems-describe: _____

FAMILY HISTORY (**do not include husband or wife's history please**) (INCLUDE BOTH LIVING AND DECEASED BLOOD RELATIVES PLEASE)

Does anyone in your genetically related family have:
High blood pressure yes / no Who _____
Diabetes yes / no Who _____ Do/Did they use insulin shots? _____
Other medical conditions _____ Who _____
Glaucoma yes / no Who _____
Macular degeneration yes / no. Other eye diseases?-describe: _____

Revised 10/13/2008