



NEW PATIENT QUESTIONNAIRE

Patient Name: _____ **Date:** _____

Reason for visit: _____ **Referred by:** _____

How did you hear of us? _____ **Former patient:** _____

Allergies: None Penicillin Sulfa Iodine dye Codeine Other _____

Review of Systems:

Circle all that apply

Eye History:

- General: headaches, fatigue
- ENT: hearing loss, nasal congestion, ringing
- Respiratory: cough, shortness of breath, wheezing
- Heart: palpitations, chest pain or pressure
- GI: constipation, diarrhea, heart burn
- Bladder: blood in urine, pain with urination
- Skin: rash, lumps, itching, dry, hives
- Endocrine: bulging eyes, cold or heat intolerance
- Neuro: imbalance, dizziness, memory loss
- Psych: nervousness, tension
- Joint: joint pain, joint stiffness, back pain
- Blood: bruising, bleeding
- Immuno: hives, seasonal allergies

- Contact Lens
- Cataract
- Glaucoma
- Cornea
- Laser Surgery
- Macular Degen.
- Retina
- Eye Muscle
- Optic Nerve
- Lids
- Double Vision
- Cranial Nerve
- Uveitis

Eye Meds: _____

Family Eye History: Glaucoma Macular Degen. Retina Cornea Other _____

Medical History:

Medicines:

- | | | |
|---------------------|--------------------|-----------------|
| High blood pressure | Heart disease | Pacemaker |
| High cholesterol | Stroke | Heart attack |
| Vascular disease | Emphysema | Asthma |
| Diabetes I / II | Thyroid low / high | Hepatitis A/B/C |
| Arthritis | Osteoporosis | Gallbladder |
| Cancer _____ | Kidney/bladder | Acid reflux |
| Depression | Anxiety | HIV |
| Anemia | Autoimmune | Seizures |
| Other _____ | | |

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- Aspirin 81/325mg
- Coumadin
- Plavix
- Flomax

Social History: Alcohol Tobacco Recreational Drugs