ROTHBAUM
EYE + VISION

MEDICAL HISTORY

Patient Name: _____ Date: _____

ALLERGIES: NO YES (PLEASE LIST)_____

_____

MEDICAL CONDITIONS

- ❑ DIABETES ❑HIGH BLOOD PRESSURE ❑ HIGH CHOLESTEROL
- ❑ HEART DISEASE ❑STROKE ❑VASCULAR DISEASE
- ❑ PACEMAKER OR ANOTHER IMPLANTED CARDIAC DEVICE
- ❑ MIGRAINES ❑SEIZURES ❑OTHER NEUROLOGIC DISEASE
- ❑ THYROID DISEASE ❑LUNG DISEASE/BREATHING PROBLEMS
- ❑ KIDNEY DISEASE ❑GASTROINTESTINAL DISEASE
- ❑ PROSTATE DISEASE ❑ARTHRITIS
- ❑ AUTOIMMUNE DISEASE: (*type)*: _____
- ❑ CANCER: (*type)*: _____
- ❑ OTHER: _____

EYE HISTORY

- ❑ CATARACTS ❑ GLAUCOMA
- ❑ MACULAR DEGENERATION ❑DIABETIC EYE DISEASE
- ❑ RETINAL DETACHMENT ❑RETINAL TEAR
- ❑ CORNEAL DISEASE ❑ THYROID EYE DISEASE
- ❑ LAZY EYE OR CROSSED EYE ❑DRY EYE SYNDROME
- ❑ INJURY (*explain*): _____
- ❑ OTHER: _____

EYE SURGERIES

- ❑ CATARACT ❑LASIK/PRK ❑RETINAL DETACHMENT
- ❑ LAZY OR CROSSED EYE ❑ GLAUCOMA
- ❑ INJECTIONS INTO THE EYE ❑ LASER TREATMENTS TO EYE
- ❑ OTHER: _____

FAMILY HISTORY OF EYE DISEASE

- ❑ CATARACTS ❑ GLAUCOMA
- ❑ MACULAR DEGENERATION ❑RETINAL DETACHMENT
- ❑ CORNEAL DISEASE ❑LAZY EYE
- ❑ OTHER: _____

SOCIAL HISTORY

- ❑ SMOKING CURRENT FORMER
- ❑ ALCOHOL MONTHLY WEEKLY DAILY
- ❑ OTHER SUBSTANCES _____