Canby Eyecare
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PATIENT HISTORY

Name: _____
Date: _____

MEDICAL HISTORY
Allergies to medications, anesthetics, or other substances? ❑Yes ❑ No If yes, please list: _____

List all major illness, injury or surgery (sleep apnea, high BP, heart disease, etc): _____

Last medical exam: _____

List any medications you take: _____

Primary physician: _____
Phone ( ) _____

PERSONAL MEDICAL HISTORY

	Yes	No	If yes, Explain
General (Fever, Weight +/-)	❑	❑	
Ears, Nose, Throat (Allergies/Cough)	❑	❑	
Respiratory (Asthma/Emphysema)	❑	❑	
Cardiovascular (Heart, vessels, etc)	❑	❑	
Gastrointestinal (ulcers, intestinal, etc)	❑	❑	
Genital/Kidney/Bladder	❑	❑	
Skin (rosacea, skin cancer)	❑	❑	
Allergic/Immunologic (Rheumatoid Arthritis, Lupus, Hay Fever)	❑	❑	
Blood/Lymph (High Chol, Anemia, etc)	❑	❑	
Endocrine (Diabetes, Thyroid, etc)	❑	❑	
Neurological (MS, Stroke, Seizures)	❑	❑	
Psychiatric (Anxiety, Depression)	❑	❑	

Height _____ Weight _____

PERSONAL EYE HISTORY

	Yes	No	If yes, Explain
Blurred Vision	❑	❑	
Double Vision	❑	❑	
Dryness	❑	❑	
Mucous Discharge	❑	❑	
Redness	❑	❑	
Gritty/Itchy/Burning	❑	❑	
Foreign Body Sensation	❑	❑	
Excess Tearing	❑	❑	
Glare/Light Sensitivity	❑	❑	
Eye Pain/Soreness	❑	❑	
Infections of Eye/Lid	❑	❑	
Sties/Chalazion	❑	❑	
Flashes/Floaters	❑	❑	
Computer Strain	❑	❑	
LASIK Surgery	❑	❑	

SOCIAL HISTORY

Occupation _____

Birth order? ❑1st ❑2nd ❑3rd ❑4th ❑5th ❑>5th

Do you use tobacco products? ❑ Yes ❑ No
If yes… Type/Amt/How Long? _____

Do you drink alcohol? ❑ Yes ❑ No
If yes… Type/Amt/How Long? _____

Do you use illegal drugs and or narcotics? ❑ Yes ❑ No
If yes… Type/Amt/How Long? _____

Have you ever had a blood transfusion? ❑ Yes ❑ No

Have you ever been infected with:
❑ Gonorrhea ❑ Hepatitis ❑ HIV ❑ Syphilis ❑ TB ❑ None

FAMILY EYE HISTORY

	Yes	No
Crossed Eyes	❑	❑
Blindness	❑	❑
Glaucoma	❑	❑
Mac Degeneration	❑	❑
Diabetes	❑	❑

Other _____

FOR WOMEN ONLY

	Yes	No
Taking Birth Control	❑	❑
Pregnant	❑	❑
Nursing	❑	❑

RECREATION/HOBBIES

❑ Walking/Hiking	❑ Fishing/Boating	❑ Woodworking
❑ Biking	❑ Flying	❑ Painting
❑ Hunting	❑ Tennis/Racquetball	❑ Photography
❑ Camping	❑ Golf	❑ Gardening
❑ Travel	❑ Reading	❑ Sewing