OREGON EYE ASSOCIATES, LLP & AFFILIATES

Xxxx, M.D. Oregon Eye Surgery Center | Xxxx, M.D. Special Procedures | Xxxx, M.D. Focal Point Optical (9/11/06)

NAME: _____ **DOB:** _____ **AGE:** _____ **DATE:** _____

OCCUPATION: _____ **INTERESTS:** _____

MEDICAL HISTORY

Medicine or Latex Allergy: _____

Medications Currently Taken: _____

Eye Medications: _____

List All Eye Injuries/Surgeries/Diagnoses: _____

Major Surgeries (last 10 years): _____

Primary Care Physician: _____

Do you have or have you ever had:	Yes	No	Update: Yes	Update: No	Update: Yes	Update: No	Update: Yes	Update: No	Update: Yes	Update: No
Cardio: Heart Attack - Date:										
Chest Pain / Angina / CHF										
Irregular Heart Beat										
High/Low Blood Pressure										
Pacemaker / Defibrillator										
High Cholesterol										
Resp: Tobacco Use										
Asthma / Emphysema / COPD										
Bronchitis										
TB: Positive Test / Treated?										
Genitourinary: Prostate Tx (men)										
Kidney Problems / Stones										
Endocr: Diabetes: Type 1 / Type 2										
Thyroid Disease										
Neuro: Parkinson's										
Stroke / TIA										
Multiple Sclerosis										
Chronic Headache										
Hard of Hearing / Deaf										
Musculoskeletal: Arthritis										
Joint Pain										
GastroIntest: Hepatitis A/B/C/Jaundice										
Alcohol Use										
Skin: Skin Rashes										
Scalp Tenderness										
ENT: Sinus Congestion										
Allergic/Immunologic: HIV										
Persistent Infections										
Hem/Lymph: Bleeding/Bruising Tendency										
General: Night Sweats										
Unexplained Fever										
Are you Pregnant?										
Cancer: Type:										
Family History:										
Macular Degeneration										
Cataracts										
Glaucoma										
Diabetes										
Corneal Dystrophy										