



## MEDICAL HISTORY

Please explain if you have been diagnosed with any medical conditions (eg. diabetes, high blood pressure, arthritis, etc.):

Please explain if you have had any eye disease or eye injuries (eg. glaucoma, cataract, "lazy" eye, retinal detachment, etc.):

Please explain previous surgeries or hospitalizations, if any:

Do you have a family history of eye disease (eg. glaucoma, cataracts, macular degeneration, retinal detachment, blindness, etc.):

Please list your current medications (including eye medications):

Please list any food or drug allergies:

Do you smoke?	Y	N	If YES, how much?	_____
Do you drink alcohol?	Y	N	If YES, how much?	_____
Do you use illegal drugs?	Y	N	If YES, please explain:	_____

## REVIEW OF SYSTEMS

Do you currently have any of the following health problems?

If YES, please explain:

Chronic fever, unexpected weight loss/gain, fatigue, nausea	Y	N	_____
Cardiovascular (eg. heart disease, high blood pressure, stroke, arrhythmia)	Y	N	_____
Ear/nose/throat (eg. hearing loss, sinus problems, sore throat)	Y	N	_____
Respiratory (eg. shortness of breath, wheezing, coughing)	Y	N	_____
Gastrointestinal (eg. ulcer, gastric reflux, hepatitis, irritable bowel)	Y	N	_____
Urinary (eg. pain or discomfort, blood in urine, STD)	Y	N	_____
Musculoskeletal (eg. muscle aches, joint pain, swollen joints)	Y	N	_____
Skin (eg. rashes, excessive dryness, cancer)	Y	N	_____
Neurological (eg. numbness, weakness, headaches, paralysis)	Y	N	_____
Psychiatric (eg. depression, anxiety)	Y	N	_____
Endocrine (eg. Type I or II diabetes, thyroid disorder)	Y	N	_____
Blood / Lymph (eg. anemia, leukemia, hemophilia, Lyme disease, lymphoma)	Y	N	_____
Allergic / Immune (eg. shortness of breath, wheezing, coughing)	Y	N	_____

## VISUAL FIELD EXAMINATION

A new, highly sophisticated computerized instrument now allows us to provide a more thorough medical analysis of your eyes. Our new OCULUS EASYFIELD VISUAL FIELD TESTER electronically measures the sensitivity of peripheral and central vision and can assist us in the early detection of many disorders including brain tumors, glaucoma, diabetic retinopathy, and retinal detachments.

We strongly recommend that all of our patients receive the screening version of this exam. It is especially important for people who have the following:

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| 1) Glaucoma                         | 6) Circulatory problems           |
| 2) Headaches                        | 7) A strong eyeglass prescription |
| 3) See floaters or flashes of light | 8) Age 40 and over                |
| 4) History of diabetes              | 9) Family history of glaucoma     |
| 5) History of high blood pressure   |                                   |

There is an additional charge of \$21 for the screening visual field exam.

Please check the appropriate box below and sign.

I DO want the screening visual field exam       I DO NOT want the screening visual field exam.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_