

Date _____ Patient # _____ Name _____

Personal Data _____

OCULAR HISTORY

Check If Patient Has Any Of The Following

- Cataracts
- Glaucoma
- Crossed Eyes
- Lazy Eye
- Eye Injury
- Bad Headaches
- Other Eye Problems
- Previous Eye Surgery

SURGICAL HISTORY

- Appendectomy
- Tonsillectomy
- Hysterectomy
- Cholecystectomy
- CABG

MEDICAL HISTORY

Check If Patient Has Any of the Following

- High Blood Pressure
- Heart Trouble
- Breathing Trouble
- Kidney Disease
- Other Serious Illness or Injury
- Diabetes
- Cancer
- Arthritis
- Blood Diseases

FAMILY HISTORY

Has Anyone in Patient's Family Had?

- Glaucoma
- Cataracts
- Blindness
- Other Eye Disease
- Diabetes
- Problem with Anesthesia
- Other _____

CURRENT MEDICATIONS

