

**Macula and Diabetic Eye Center**  
**PATIENT HISTORY FORM**

What brought you to the office today? \_\_\_\_\_

LIST ALL ALLERGIES: \_\_\_\_\_

List All Your Eye Medications: \_\_\_\_\_

**List All Your Eye Problems and Past Eye Surgeries (with Dates):**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**List All Your Medical Problems:**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**List All Your Prior Surgeries (with Dates):**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**List All Your Current Medications:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Family History (Circle All that Apply):**  
GLAUCOMA    MACULAR DEGENERATION    BLINDNESS    LAZY EYE    RETINAL DETACHMENT  
DIABETES    CANCER    ARTHRITIS    LUPUS    HIGH BLOOD PRESSURE    HEART ATTACK  
HIGH CHOLESTEROL    STROKE    DEPRESSION    THYROID DISEASE    OTHER: \_\_\_\_\_

**Social History:**  
Driving: \_\_\_\_\_ Living Arrangements: \_\_\_\_\_  
Smoking? \_\_\_\_\_ How Much? \_\_\_\_\_ Drinking? \_\_\_\_\_ How Much? \_\_\_\_\_  
Glasses? \_\_\_\_\_ How Old? \_\_\_\_\_ Contact Lenses? \_\_\_\_\_ Monovision? \_\_\_\_\_  
Other (Please Explain): \_\_\_\_\_

**Review of Systems (Circle All Problems You CURRENTLY Have):**  
FEVER    UNUSUAL WEIGHT LOSS /GAIN    FATIGUE    NIGHT SWEATS    TEMPLE PAIN    HEADACHE  
RINGING IN EARS    DIZZINESS    INCOORDINATION    PALPITATIONS    PAIN CHEWING FOOD    RASH  
CHEST PAIN    SHORTNESS OF BREATH    IRREGULAR HEATBEAT    COUGH    WHEEZING    THYROID  
HEARING LOSS    SORE THROAT    EAR ACHE    VOMITING    DIARRHEA    HEARTBURN    ABD. PAIN  
MUSCLE ACHES    JOINT PAIN    NUMBNESS    WEAKNESS    PARALYSIS    DEPRESSION    ANXIETY  
HAY FEVER    ALLERGIES    SINUS    ANY UNUSUAL BLOODY DISCHARGE    EASY BRUISING    ANEMIA  
TIRED EYES    TEARING    GLARE    DRY EYES    DOUBLE VISION    DROOPING EYELID    RED EYES  
ITCHY EYES    VISION LOSS    DISTORTED VISION    LIGHT SENSITIVITY    FOREIGN BODY SENSATION  
OTHER: \_\_\_\_\_

Signed (Patient or parent if minor) \_\_\_\_\_ Date \_\_\_\_\_