NORTHWEST OPHTHALMOLOGY

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NAME: ______________________________ DATE: ______________

HEALTH HISTORY

PLEASE CIRCLE YOUR ANSWERS. DO NOT LEAVE BLANK. THANK YOU.

DO YOU CURRENTLY HAVE OR PREVIOUSLY BEEN DIAGNOSED WITH:

Condition		
ASTHMA	Y	N
RHEUMATOID ARTHRITIS	Y	N
ENVIRONMENTAL ALLERGIES	Y	N
DIABETES	Y	N
INSULIN DEPENDENT	Y	N
IF YES, HOW MANY YEARS? ______		
HIGH BLOOD PRESSURE	Y	N
IF YES, HOW MANY YEARS? ______		
HIGH CHOLESTEROL	Y	N
CANCER	Y	N
INVOLVING WHICH ORGANS?		
HEART DISEASE	Y	N
OPEN HEART SURGERY	Y	N
MIGRAINES	Y	N
KIDNEY DISEASE	Y	N
HEAD OR SPINAL INJURIES	Y	N
SEIZURES	Y	N
TEMPORAL ARTERITIS	Y	N
CAROTID ARTERY DISEASE	Y	N
STROKE	Y	N
BRAIN TUMORS, NON CANCEROUS	Y	N
ANEURYSM	Y	N
THYROID CONDITION	Y	N
ANY OTHER DISEASE OR CONDITION	Y	N

LIST YOUR MEDICATIONS HERE:

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ALLERGIES TO MEDICATION:

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OCULAR HISTORY

HAVE YOU BEEN DIAGNOSED WITH ANY OF THE FOLLOWING EYE DISEASE OR CONDITIONS?

Condition			Condition		
CATARACTS	Y	N	CORNEAL DISEASE	Y	N
GLAUCOMA	Y	N	RETINAL DISEASE	Y	N
CROSSED EYE	Y	N	IRITIS	Y	N
KERATOCONUS	Y	N	MACULAR DEGENERATION	Y	N

ANY OTHER EYE DISEASE OR INJURIES ______________________________

HAVE YOU HAD EYE SURGERY Y N WHICH EYE(S) ______________

CHECK: ❑ CATARACT ❑ RETINA ❑ CORRECTIVE (RK/PRK/LASIK) ❑ MUSCLE ❑ CORNEA TRANSPLANT

DATE OF SURGERY ______________

FAMILY HISTORY

HAS ANY **BLOOD RELATIVE** HAD THE FOLLOWING?

Condition			Condition		
GLAUCOMA	Y	N	DIABETES	Y	N
CATARACTS	Y	N	HEART DISEASE	Y	N
CORNEAL DISEASE	Y	N	HIGH BLOOD PRESSURE	Y	N
MACULAR DEGENERATON	Y	N	STROKE	Y	N
RETINAL DETACHMENTS	Y	N	OTHER ______________		

TECHNICIAN SIGNATURE: ______________________________ DATE: ______________

UPDATED: ______________________________