

**COLUMBIA EYE CLINIC PATIENT HISTORY**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_

Name of current family doctor: \_\_\_\_\_

**CHECK (✓) IF YOU HAVE HAD ANY OF THE FOLLOWING EYE PROBLEMS:**

Blurred Vision \_\_\_ Loss of Vision \_\_\_ Double Vision \_\_\_ Dry Eyes \_\_\_

Light Sensitive \_\_\_ Light Flashes \_\_\_ Floaters \_\_\_ Eye Surgery \_\_\_

Droopy Eyelids \_\_\_ Crossed Eyes \_\_\_ Cataracts \_\_\_ Tearing \_\_\_

Eye Pain \_\_\_ Headaches \_\_\_ Retinal Disease \_\_\_ Discharge \_\_\_

Laser Treatment \_\_\_ Glaucoma \_\_\_ Redness \_\_\_ Macular Degeneration \_\_\_

**CHECK (✓) IF YOU HAVE/OR HAVE HAD ANY OF THE FOLLOWING HEALTH PROBLEMS:**

Heart Trouble \_\_\_ Breathing Trouble \_\_\_ High Blood Pressure \_\_\_\_\_

Stomach Trouble \_\_\_ Cancer \_\_\_ Bladder/Kidney/Genital Problems \_\_\_\_\_

Skin Problems: \_\_\_ Allergies \_\_\_ Bone/Joint/Muscle Problems \_\_\_\_\_

Nerve Problems \_\_\_ Mental Problems \_\_\_ Gland/Blood/Lymph Problems \_\_\_\_\_

Diabetes \_\_\_ Immune Disorder \_\_\_ Other (Please explain) \_\_\_\_\_

Do you smoke? \_\_\_ Do you drink alcohol? \_\_\_ Are you pregnant? \_\_\_ Are you breastfeeding? \_\_\_

Are you able to care for yourself? \_\_\_\_\_

**CHECK (✓) IF SOMEONE IN YOUR FAMILY HAS / OR HAS HAD:**

Diabetes \_\_\_ Retinal Diseases \_\_\_ Glaucoma \_\_\_ Cataracts \_\_\_

Any other eye Diseases? \_\_\_ Please explain \_\_\_\_\_

**ARE YOU ALLERGIC OR SENSITIVE TO LATEX OR RUBBER PRODUCTS? YES \_\_\_ NO \_\_\_**

**Pharmacy Name: \_\_\_\_\_ Address: \_\_\_\_\_**

**Please List all Medications you are currently taking, along with the Dosage and Frequency:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List All Medications you are Allergic to:** \_\_\_\_\_

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*Refraction fees are not covered by most insurance companies. Therefore the refraction fee of \$30.00 may be the responsibility of the patient.**

**An additional fee will be charged for completion of highway forms**