

EYE HISTORY

DO YOU HAVE A HISTORY OF:

IF YES PLEASE EXPLAIN:

- GLAUCOMA YES NO
- CATARACTS YES NO
- CROSSED/WANDERING EYES YES NO
- LAZY EYE (AMBLYOPIA) YES NO
- EYE INJURY YES NO
- MACULAR DEGENERATION YES NO
- RETINAL DETACHMENT YES NO
- BLINDNESS/POOR VISION YES NO
- COLOR BLINDNESS YES NO

FAMILY HISTORY

DOES ANYONE IN YOUR FAMILY HAVE:

IF YES, WHAT RELATION?

- GLAUCOMA YES NO
- CATARACTS YES NO
- MACULAR DEGENERATION YES NO
- LAZY/CROSSED EYES YES NO
- RETINAL PROBLEM/DETACHMENT YES NO
- DIABETES YES NO

SOCIAL HISTORY

CURRENT OCCUPATION:

- DO YOU DRINK ALCOHOL? YES NO HOW OFTEN? _____
- DO YOU SMOKE? YES NO HOW MUCH? _____

PAGES 1 & 2 (ABOVE) REVIEWED BY: _____ DATE: _____