

**COLUMBIA EYE 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 \$40.00 may be the responsibility of the patient.**

An additional fee will be charged for completion of highway forms