

## NEW PATIENT HISTORY QUESTIONNAIRE

Patient Name:

Date of Birth:

### BACKGROUND

1. Current Occupation:
2. Last Eye Exam:
3. Primary Care Physician (family doctor):

### CURRENT EYE AND VISION PROBLEMS:

1. What brings you in for exam today? Are you having changes or problems with your eyes or vision?
2. Please circle any of the following that you are currently struggling with:  

Eye Pain	Double Vision
Itching	Seeing spots, floaters, or flashes
Headaches	Blurry Vision
Uncomfortable Vision	
3. List any other current vision problems:
4. Were you referred for an eye exam by another agency, doctor, or nurse due to failed vision screening or problems?

### PATIENT HISTORY

1. Circle any of the following conditions that you have currently or in past:  

Diabetes	High blood pressure
Thyroid Disease	High Cholesterol
Asthma	Cancer
Migraines	Allergies
2. List any other medical conditions:
3. List any current medications, including eye drops
4. List any allergies to medications or seasonal allergies.
5. Have you ever been told you have any of the following eye diseases:  

Glaucoma	Cataracts	Macular Degeneration
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6. List any other eye diseases or eye surgeries you have had in the past:

### FAMILY HISTORY:

1. List any family history of diabetes or other illnesses (biological mother, father, siblings, grandparents only):
2. List any family history of glaucoma or eye problems:

### GLASSES STATUS

1. Worn glasses before or currently?
2. If yes, how often were they worn (circle one):

Full time

Reading only

Classroom only

Infrequently

Distance only

As back-up for contacts

3. Were any problems experience with past glasses wear?

### CONTACT LENSES STATUS

1. Have you worn contacts before?
2. If yes, what type and brand of lenses?
3. Any interest today in contact lens wear?
4. Any history of contact lens related problems?

### DILATION OF THE EYES

*Our doctors strongly suggest that you allow us to dilate your eyes today. The dilation consists of putting eyedrops in your eyes to enlarge your pupil. Afterwards, your vision may be blurry, especially for near tasks and you may be more light sensitive typically for 4-6 hours, although time varies. The darker colored your eyes, the longer the drops may last. You will be given both a pair or protective sunglasses to wear today, as well as a patient excuse note explaining the effects of dilation.*

*Most patients have no trouble driving home after dilation, when wearing the sunglasses provided. However, please note that if you are diabetic or over 60 years, you may either receive stronger dilating eyedrops and/or feel the effects of the dilation more than the average patient.. If you like, you may prefer to have a driver accompany you home.*

Please sign that the above history is correct and that we have permission to dilate your eyes today:

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Patient signature