



Vitreo-Retinal Associates

Blue Sky VISION Partner

MEDICAL HISTORY FORM

Patient Name		Today's Date / /	
Date of Birth / /	Gender M / F	Eye Color	
Date of Most Recent Eye Exam / /	Name of Doctor	Date of Last Glasses / Contacts / /	

PAST OCULAR HISTORY

	Yes	No	If Yes, Please Explain
Eye Injuries			
Eye Surgery			
Laser Eye Surgery			
Plastic or Refractive Eye Surgery			
Retinal Problems			
Crossed or Lazy Eyes			
Glaucoma			
Cataracts			

Medication Allergies

Environmental / Seasonal Allergies

Past Major Illnesses or Injuries

PREVIOUS SURGERIES

	Date
	/ /
	/ /
	/ /

CURRENT EYE MEDICATIONS & DROPS

Name of Medication / Drops	Amount Taken	How Often

CURRENT MEDICATIONS

(including over-the-counter medications, vitamins / herbal supplements, inhalers, injections, patches)

Name of Medication	Amount Taken (mg)	How Often

Pharmacy Name & Phone Number



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MEDICAL HISTORY FORM

SOCIAL HISTORY				
	Yes	No	If Yes, How Much	If Yes, How Long
Smoking				
Alcohol				
Recreational / Street Drugs				
Pregnant			Due Date	
Hobbies				
Living Arrangement (check one)	<input type="radio"/> Alone <input type="radio"/> Assisted Living <input type="radio"/> With Spouse / Significant Other <input type="radio"/> Nursing Home <input type="radio"/> With Family / Friend(s) <input type="radio"/> Other: _____			

CURRENT MEDICAL CONDITIONS			
	Yes	No	If Yes, Explain (how long, complications, etc.)
Diabetes <i>(If yes, please indicate type)</i>			Type I or Type II
High Blood Pressure			
High Cholesterol			
Thyroid Disorders			
Stroke			
Heart Disease			
Respiratory Problems			
Psychological Disorders			
Headaches / Dizziness			
Fever / Weight Loss			
Muscle / Bone / Joint Problems			
Blood / Bleeding Disorders			
Abdominal Problems			
Genital / Urinary Problems			
Ears / Nose / Throat Problems			
Skin Disorders			
Immunologic Disorders			
Neurological Disorders			
Cancer			
Other			

FAMILY MEDICAL HISTORY i.e. mother, father, brother, sister, grandparent			
Retinal Detachment / Tear			
Macular Degeneration			
Diabetic Retinopathy			
Cataracts			
Glaucoma			
Blindness			
Diabetes			
Hypertension			
Heart Disease			
Cancer			