

PATIENT MEDICAL LOG

DATE _____

ACCT # _____

NAME _____

PAGE _____

HOME # () _____ WORK # () _____

DOB _____

LOCAL PHYSICIAN _____

MARITAL STATUS (CIRCLE): M S D W
 OCCUPATION _____

ALLERGIES: _____

SMOKE YES NO
 LIVES ALONE YES NO
 ALCOHOL CONSUMPTION
 NONE SOCIAL OTHER
 DO YOU DRIVE? YES NO

GENERAL MEDICATIONS: _____

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

MEDICAL HX	YES	NO	COMMENTS
RESPIRATORY PROBLEMS			
CANCER			
DIABETES			
KIDNEY STONES			
HIGH BLOOD PRESSURE			
HEART			
STROKE			
RHEUMATOID ARTHRITIS			
THYROID DISEASE			
ELEVATED CHOLESTEROL			

(PREVIOUS EYE DOCTORS:) _____

- 1 _____
- 2 _____
- 3 _____
- 4 _____

FAMILY HX	YES	NO	COMMENTS
RETINAL DETACHMENT			
GLAUCOMA			
DIABETES			
BLINDNESS			

GENERAL SURGICAL HISTORY: _____

MEDICAL OTHER: _____

OPHTHALMIC MEDICAL HISTORY / (DATE)

OD _____
 RIGHT _____

OPHTHALMIC SURGICAL HISTORY / (DATE) / (DOCTOR)

OD _____
 RIGHT _____

OS _____
 LEFT _____

OS _____
 LEFT _____

FF/DISC PHOTOS														
VF														
GONIOSCOPY														
FA/ICG														
GLAUCOMASCOPE														