Oregon Eye Consultants, LLC

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Name:
Occupation:
Interests:
Do you drive?
Do you use alcohol?
Drug use (recreational)?
Smoking Status:
- Current Every Day Smoker?
- Current Some Day Smoker?
- Former Smoker?
- Never Smoker?

Directives to be entered:
Have you used Saw Palmetto, Proscar or Flomax in the past?
Ever diagnosed with MRSA?

DOB: **AGE:** **DATE:**
Primary Care Physician:
Medicine or Latex Allergy:
Medications Currently Taken:
Eye Medications:
List All EYE Injuries & Surgeries:

	Yes	No
Do you have or have you ever had:		
Cardiovascular:		
Heart Attack - Date:		
Chest Pain/Angina		
Congestive Heart Failure		
Irregular Heartbeat		
High Blood Pressure		
Low Blood Pressure		
Pacemaker/Defibrillator		
High Cholesterol		
Respiratory:		
Asthma		
Emphysema		
Bronchitis		
COPD		
Tuberculosis (TB)		
Genitourinary:		
Prostate Treatment (Men)		
Kidney Problems or Stones		
Endocrine:		
Diabetes: Type 1/Type 2		
Thyroid Disease		
Neurological:		
Parkinson's		
Stroke/TIA		
Multiple Sclerosis		
Chronic Headache		
Hard of Hearing/Deaf		
Alzheimer's		
Musculoskeletal:		
Arthritis		
Joint Pain		
Gastrointestinal:		
Hepatitis/Jaundice		

	Yes	No
Skin: Skin Rashes		
ENT: Sinus Congestion		
Allergic/Immunologic: HIV		
Persistent Infections		
Hem/Lymph:		
Bleeding/Bruising Tendency		
General Night Sweats:		
Unexplained Fever		
Are you Pregnant?		
Cancer		
Major Surgeries (last 10 years):		
Type:		
Personal EYE History:		
Diabetic Retinopathy		
Hypertensive Retinopathy		
Retinal Detachment		
Glaucoma		
Crossed Eyes		
Blindness		
Macular Degeneration		
Cataracts		
Thyroid Disease		
Dry Eye Syndrome		
Corneal Dystrophy		
Family EYE History:		
Diabetes		
Glaucoma		
Macular Degeneration		
Cataracts		
Corneal Dystrophy		
Other Medical Conditions Not Listed:		