NAME:_____

East Bay Ophthalmology
1289 Pinole Valley Road
Pinole, CA 94564
(510) 724-1768

Past Eye History

- ☐ None
- ☐ Cataract of Right Eye
- ☐ Cataract of Left Eye
- ☐ Glaucoma
- ☐ Eye Injury
- ☐ Amblyopia (Lazy Eye)
- ☐ Retinal Detachment
- ☐ Macular Degeneration

Other: _____

Past Eye Surgery

- ☐ None
- ☐ Cataract Extraction of Right Eye
- ☐ Cataract Extraction of Left Eye

Other: _____

_____

_____

_____

_____

Eye Drops

- ☐ None
- ☐ Latanoprost
- ☐ Alphagan
- ☐ Lumigan
- ☐ Xalatan
- ☐ Travatan Z
- ☐ Brimonidine
- ☐ Dorzolamide
- ☐ Timolol
- ☐ Cosopt
- ☐ Combigan
- ☐ Simbrinza
- ☐ Azopt
- ☐ Artificial Tears
- ☐ Betagan
- ☐ Betopic S
- ☐ Betimol
- ☐ Diamox
- ☐ Patanol
- ☐ Propine
- ☐ Pilocarpine
- ☐ Timoptic
- ☐ Trusopt
- ☐ Zaditor
- ☐ Other _____

_____

Past Laser Procedure

- ☐ None
- ☐ YAG RIGHT eye LEFT eye
- ☐ PI RIGHT eye LEFT eye
- ☐ LASIK RIGHT eye LEFT eye
- ☐ SLT RIGHT eye LEFT eye
- ☐ Ambulatory RIGHT eye LEFT eye

Social History

Do you Smoke?	Y	N
Are you a former smoker?	Y	N
Do you drink Alcohol?	Y	N
Do you do any drugs?	Y	N

Eye Related Information

Are you taking **FLOMAX?**	Y	N
Do you have **DIABETES?**	Y	N
Do you have **HIGH BLOOD PRESSURE**?	Y	N
Do you have **THYROID DISEASE?**	Y	N

Family Eye History

- ☐ Blindness
- ☐ Glaucoma
- ☐ Macular Degeneration
- ☐ Retinal Detachment
- ☐ Other_____

What is your **OCCUPATION**?
If retired, what was your occupation? _____

Name of Primary Care Doctor: _____

General Medical History

Please CHECK if you have or had these symptoms in the past:

General
- ☐ Fever
- ☐ Fainting
- ☐ Cancer _____
- ☐ Hepatitis
- ☐ Pregnant
- ☐ Allergies

Skin
- ☐ Rash

HEENT
- ☐ Ear
- ☐ Nose
- ☐ Throat

Cardiovascular
- ☐ Chest pain
- ☐ Irregular heartbeat
- ☐ Stroke
- ☐ High cholesterol
- ☐ High blood pressure
- ☐ Anemia
- ☐ Bleeding tendency

Respiratory
- ☐ Asthma
- ☐ Shortness of breath
- ☐ Bronchitis

Gastrointestinal
- ☐ Stomach
- ☐ Liver
- ☐ Colon

Urinary
- ☐ Kidney disease
- ☐ Bladder
- ☐ Dialysis

Musculoskeletal
- ☐ Arthritis
- ☐ Joint pain
- ☐ Muscle pain

Endocrine
- ☐ Diabetes
- ☐ Weight loss
- ☐ Thyroid issue

Psychological
- ☐ Depression
- ☐ Anxiety

Neurological
- ☐ Headaches
- ☐ Memory loss

Breast

_____

Genital

_____

Other

_____
_____
_____
_____
_____
_____
_____
_____

Surgery

_____
_____
_____
_____

Current medications

_____
_____
_____
_____

Allergies to Medicine

_____
_____
_____
_____

Family History

Please CHECK any disease which occur in your family

- ☐ Diabetes
- ☐ High blood pressure
- ☐ Arthritis
- ☐ Cancer
- ☐ Heart attack
- ☐ Stroke