ReFocus
NOT JUST VISION. VISIONARY.

Medical Questionnaire

To help us better serve your needs, please complete the following:

Name _____ Date _____

The reason for your visit today is: _____

How were you referred to us? (if by a person, please specify their name): _____

_____

When was your last eye exam?

DATE _____

Do you wear glasses and/or contact lenses?

 ☐ GLASSES  ☐ CONTACTS  ☐ NONE

What is your occupation? _____

Who is your medical doctor? _____

Please list any **eye medications** you are taking at this time:

_____

_____

_____

_____

Please list any **other medications** you are taking at this time:

_____

_____

_____

_____

Please list any allergies to medications you have:

_____

_____

_____

_____

Please indicate any surgical procedures you have had:

_____

_____

_____

_____

Is there a chance you may be pregnant? ☐ YES ☐ NO

Please continue on reverse side

Patient Name _____

Please indicate your Height: _____ Weight: _____

Have you ever smoked tobacco? ☐ No ☐ Former smoker ☐ I have smoked for _____ years.

Please indicate with an (X) any **family history** that pertains to you:

- ☐ Diabetes
- ☐ Thyroid
- ☐ Hypertension
- ☐ Heart disease
- ☐ Glaucoma
- ☐ Cataract
- ☐ Eye muscle problems
- ☐ Other _____

Please indicate with an (X) any **eye history** that pertains to you:

- ☐ Infections
- ☐ Retinal problems
- ☐ Eye injuries
- ☐ Eye muscle problems
- ☐ Cataract
- ☐ Glaucoma
- ☐ Eye surgery (specify): _____
- ☐ Lazy eye (amblyopia)

Please indicate with an (X) anything that pertains to your **medical history**:

- ☐ Diabetes
- ☐ Asthma
- ☐ Thyroid
- ☐ Hypertension
- ☐ Heart Disease
- ☐ Migraines
- ☐ Blood disorders
- ☐ Other _____

If you have experienced any of the follwoing **eye symptoms recently,** please indicate:

- ☐ Flashing lights
- ☐ Tearing
- ☐ Itching
- ☐ Double vision
- ☐ Floaters
- ☐ Redness
- ☐ Crusting
- ☐ Headaches

Are you unhappy with any of the following? Please indicate if so:

- ☐ Eyes feel and/or look tired and heavy
- ☐ Bags under eye
- ☐ Crow's feet wrinkles around eyes
- ☐ Droopy underlid eyelids
- ☐ Other, please explain: _____

_____

Please indicate if you would like to discuss any of the following ReFocus Eye Health services with a technician and/or physician:

- ☐ Laser vision correction as an alternative to glasses or contact lenses
- ☐ Laser skin resurfacing
- ☐ Cosmetic eye surgery

Thank you for helping us serve you better!

ReFocus