

Medical Questionnaire

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

Name _____ Date _____

The reason for your visit today is: _____

Past medical conditions *(check all that apply)*

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Blood disorders |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Thyroid | <input type="checkbox"/> Other _____ |

Past surgeries

Please list any surgical procedure(s) you have had: _____

Ocular history *(check any eye history that pertains to you)*

- | | |
|---|---|
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Cataract |
| <input type="checkbox"/> Eye injuries | <input type="checkbox"/> Eye muscle problems |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Lazy eye | <input type="checkbox"/> Macular degeneration |
| <input type="checkbox"/> Retinal problems | |

Ocular surgery

Eye surgery *(please specify)* _____

Name _____

Medications

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

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

Allergies

Please list any allergies to medications you have: _____

Social history

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

Family history

Are you aware of your parents or siblings having any of the following?

- | | |
|---|---|
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Cataract |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eye muscle problems |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Macular degeneration |
| <input type="checkbox"/> Retinal problems | <input type="checkbox"/> Thyroid |

Do you wear:

- Glasses Contact lenses None

Is there a chance you could be pregnant? Yes No

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!

