

DATE:
NAME:

ACADEMY VISION SCIENCE CLINIC
MEDICAL INFORMATION

AGE:

PLEASE CHECK ALL THAT APPLY

- USE A COMPUTER MORE THAN 1 HR A DAY
- HAVE MORE THAN 4CUPS OF COFFEE A DAY
- USE ALCOHOL - HOW MANY A DAY_____?
- USE OTHER SUBSTANCES
- TRAVEL IN AIRPLANES MORE THAN 2 X A MONTH
- PREGNANT OR NURSING
- READ FOR MORE THAN 1 HR A DAY
- TOBACCO USER
- USE A FAN IN YOUR BEDROOM
- GET LESS THAN 7 HR OF SLEEP
- DRINK LESS THAN 40 OZ /WATER A DAY

DO YOU NOW OR HAVE YOU EVER HAD ANY EYE:

- OPERATIONS
- AMBLYOPIA
- LAZY EYE
- READING PROBLEMS
- INJURIES
- PAIN
- DRY EYE
- EXPLAIN
- EYE TURN IN OR OUT
- TRACKING PROBLEMS
- MACULAR DEGENERATION
- CATARACTS
- INFECTIONS
- GLAUCOMA

DO YOU HAVE ANY PROBLEMS OR CONCERNS WITH ANY OF THE FOLLOWING:

- ALLERGIC/IMMUNOLOGIC
- ARTHRITIS
- BLOOD/LYMPH
- DIABETES
- EAR/NOSE/THROAT
- ENDOCRINE GLANDS
- GASTROINTESTINAL
- HEADACHES
- HEART DISEASE
- HIGH BLOOD PRESSURE
- INTEGUMENT/SKIN
- KIDNEY PROBLEMS
- EXPLAIN
- MUSCULATURE
- NERVOUS
- PSYCHIATRIC
- RESPIRATORY
- SKELETAL BONES
- THYROID

FAMILY HISTORY (please mark if applies and indicate relationship)

- CATARACTS
- GLAUCOMA
- LAZY EYE
- HIGH BLOOD PRESSURE
- EXPLAIN
- DIABETES
- MACULAR DEGENERATION
- RETINAL DETACHMENT

SYMPTOMS (over the past week, which of the following symptoms have you experienced?)

- STINGING
- REDNESS
- LIGHT SENSITIVITY
- OCULAR DISCOMFORT
- TEARING
- DRYNESS
- NIGHT DRIVING PROBLEMS
- DECREASED CONTACT LENS WEAR TIME
- ITCHING
- GLARE
- NIGHT DRIVING PROBLEMS
- DECREASED CONTACT LENS WEAR TIME
- GRITTIENESS
- DRY MOUTH
- BURNING

SYSTEMIC DISEASE (have you ever been diagnosed with any of the following?)

- THYROID DISEASE
- SLEEP DISORDER
- ARTHRITIS
- SARCOID
- LUPUS
- MS
- ACNE/ROSACEA
- FACIAL HERPES ZOSTER (SHINGLES)

OTHER QUESTIONS

- DO YOU NOTICE MATTERING ON YOUR EYELIDS WHEN YOU WAKE
- ARE YOUR EYELIDS SWOLLEN OR RED ALONG THE LASH MARGINS
- DO YOU HAVE A SIGNIFICANT AMOUNT OF CRUSTING ON YOUR EYELIDS
- DOES YOUR VISION FLUCTUATE FROM CLEAR TO BLURRY THROUGHOUT THE DAY
- DO YOU USE ARTIFICIAL TEARS

IF YES, HOW LONG DOES THE RELIEF LAST

- LESS THAN 15 MINUTES
- MORE THAN ONE HOUR
- LESS THAN ONE HOUR

HOW MANY TIMES A DAY DO YOU USE ARTIFICIAL TEARS? 3 OR LESS 4 OR MORE

MEDICATIONS (please list any and all medications you are currently using and amounts)

SIGNATURE: _____ DATE: _____