PATIENT HISTORY QUESTIONNAIRE

DR. ADOLPHUS ANOSIKE, O.D.

Patient_____ Date of Birth_____ Phone_____ Date_____

Address_____ SS #_____

PERSONAL EYE INFORMATION

Do you wear glasses for vision? Y / N

Do you wear contact lenses? Y / N Last time changed_____ Date of last tetanus shot_____

Do you have glaucoma? Y / N

Have you had cataract surgery? Y / N

Which eye Right_____ Left_____ Date of surgery_____ Surgeon_____

Did you have any other surgery or eye diseases? Y / N

Right_____ Left_____ Date of surgery_____ Surgeon_____

MEDICAL SOCIAL HISTORY

Name of family medical doctor_____ Address_____

Were you born prematurely? Y / N Comments:

Have you ever suffered from any of the following:

Joint disease, arthritis?	Y / N		
History of weight loss, fever?	Y / N	Skin disease or breast cancer?	Y / N
Headaches, sinus, tonsillectomy?	Y / N	Stroke or neurological disease?	Y / N
Heart condition?	Y / N	History of psychological disorder?	Y / N
Cholesterol?	Y / N	Lupus?	Y / N
High blood pressure?	Y / N	Sarcoidosis?	Y / N
Circulation problems?	Y / N	Thyroid disease?	Y / N
Lung diseases?	Y / N	Diabetes, if yes, how long?	Y / N _____
Ulcers, liver, gall bladder diseases?	Y / N	Date of last blood sugar results?	Y / N _____
Do you smoke?	Y / N	Bleeding disorder, anemia?	Y / N
Do you drink?	Y / N	AIDS or Infectious disease?	Y / N
Kidney, bladder, prostate disease?	Y / N	Cancer?	Y / N

List ALL medication presently taking, please include eye drops_____

_____

_____

List any medication/allergies_____

Other surgery, illness, or hospitalization not noted above?_____

_____

FAMILY HISTORY

Is there any family history of:

Cataracts	Y / N	Relative_____	Hypertension	Y / N	Relative_____
Glaucoma	Y / N	Relative_____	Anemia	Y / N	Relative_____
Retinal Disease	Y / N	Relative_____	Macular degeneration	Y / N	Relative_____
Diabetes	Y / N	Relative_____	Retinal detachment	Y / N	Relative_____
			Other eye systemic disease	Y / N	Relative_____

Orientation: Person Y /N Place Y /N Time Y /N

Mood-Affect: Appropiate_____ Abnormal_____

ROS: Reviewed_____/_____/_____ Initials:_____

ROS: Reviewed_____/_____/_____ Initials:_____

Person Y /N Place Y /N Time Y /N

Appropiate_____ Abnormal_____

ROS: Reviewed_____/_____/_____ Initials:_____

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