white bear eye clinic & optical

Medical Questionnaire

Please complete this form and bring it to your appointment. The information will be entered into your chart prior to your exam to reduce face to face time.

1. When was the last time you saw a medical doctor for a physical?

2. Have you had any major operations? If yes, please list operation along with date of operation.

    a. _____
    b. _____
    c. _____
    d. _____

3. Are you currently taking any medications? If yes, please list along with the diagnosis the medication is for. (you can also bring in a printed list from your doctor's office for your convenience)

    a. _____
    b. _____
    c. _____
    d. _____
    e. _____
    f. _____
    g. _____
    h. _____
    i. _____
    j. _____

4. Do you have any allergies to any medications? If yes, please list.

    a. _____
    b. _____
    c. _____
    d. _____
    e. _____

5. Do you have diabetes? Yes or No (circle one)

   If yes:

   When were you diagnosed? _____

   Would you like us to send report to your doctor about your visit today? Yes or No

   What is your doctor's name and clinic location?

   Name: _____

   Address/Phone #: _____

   _____

6. Do you use any tobacco products?

7. Women: Are you currently pregnant or nursing?

8. Do you have any family history of major eye diseases such as glaucoma or macular degeneration? If yes, please list along with who the family member is and paternal/maternal.
   a. _____
   b. _____
   c. _____
   d. _____

9. Do you have any concerns you would like the doctor to know about for today's visit?