Community Eye Associates

Medical History Form.

Whether you are a new or existing patient at Community Eye Associates, you can fill out this form to send us your medical history information for your next appointment. If you have any questions, please call us at (336) 983-4313.

General Medical History

Please check the boxes if you have any of these medical problems:

- ☐ **Allergies** (seasonal or to medications)
  Please list medications: ____
- ☐ **Cardiovascular**
- ☐ **Diabetes**
  Year of onset: ____
- ☐ **High Blood Pressure**
  Year of onset: ____
- ☐ **Cholesterol**
- ☐ **Heart Disease**
- ☐ **Weight Loss or Gain**
- ☐ **Fever**
- ☐ **Thyroid**
- ☐ **Kidney, Bladder or Irritable Bowel Syndrome**
- ☐ **Ears, Nose or Throat**
- ☐ **Bleeding Condition or Lymph Condition**
- ☐ **Immune System**
- ☐ **Cancer**
  Year of onset and location: ____
- ☐ **Skin**
- ☐ **Muscle or Bone Condition**
- ☐ **Headache**
- ☐ **Seizures**
- ☐ **Psychiatric**
- ☐ **Asthma**
- ☐ **Emphysema**
- ☐ **Other:** ____
- ☐ **All Systems Negative**

Ocular History

Please check the boxes if you have any of these ocular conditions:

- ☐ **Amblyopia (lazy eye)**
- ☐ **Cataracts**
- ☐ **Diabetic Retinopathy**
- ☐ **Glaucoma**
- ☐ **Iritis**
- ☐ **Macular Degeneration**
- ☐ **Retinal Detachment**
- ☐ **Strabismus (crossed eyes)**
- ☐ **Other:** ____
- ☐ **Negative Ocular History**

Family History

Please check the boxes if any of your family members (parents, grandparents, siblings) has any of these medical conditions and indicate which family member:

- ☐ **Diabetes** ____
- ☐ **High Blood Pressure** ____
- ☐ **Heart Disease** ____
- ☐ **Cancer** ____
- ☐ **Glaucoma** ____
- ☐ **Macular Degeneration** ____
- ☐ **Cataracts** ____
- ☐ **Other** ____
- ☐ **Negative Family History**

Social History

Please check the boxes if you use any of the following substances:

- ☐ **Alcohol**
- ☐ **Tobacco**
- ☐ **Illegal Drugs**
- ☐ **None of the Above Used**

Please check the box if you are:

- ☐ **Single**
- ☐ **Married**
- ☐ **Separated**
- ☐ **Divorced**
- ☐ **Widowed**

At Community Eye Associates,
your vision is our top priority.