Name:
DOB:
Chart:
Age:
Date:

EYE CONSULTANTS OF NORTHERN VIRGINIA, PC

SHAREDID-26

HEALTH QUESTIONNAIRE

Date: _____

What brings you to our office? Briefly explain any current eye problems.

☐ Referred by my physician _____
☐ Possible medical or surgical problem _____
☐ Considering Lasik Vision Correction _____
☐ Other _____

Please check any of these eye problems you have had in the past.

☐ Glaucoma ☐ Retinal Problems ☐ Eye Injuries ☐ Cataracts ☐ Previous eye surgery
☐ Double Vision ☐ Blurred or Fuzzy Vision ☐ Spots ☐ Halos ☐ Other

Explain any check mark _____

Have you ever had any of the following?

☐ Tuberculosis ☐ Sinus Infections ☐ Hay Fever ☐ Allergies ☐ Diabetes
☐ Skin Disorder(s) ☐ Surgery ☐ High Blood Pressure ☐ Headaches ☐ Bleeding Tendency
☐ Cancer ☐ Heart Trouble ☐ Thyroid Trouble ☐ Asthma ☐ HIV Infection
☐ Now Pregnant ☐ Swollen joints ☐ Fever ☐ Diarrhea ☐ Frequent Urination
☐ Other ☐ Depression

Explain any check mark _____

Family History. Please check if any of the following conditions are in your family.

☐ Glaucoma ☐ Strabismus (Cross Eyes) ☐ Retinal Problems ☐ Cataracts ☐ Macular degeneration
☐ Diabetes ☐ Other

Explain any check mark _____

Please check if you are currently having any of the following eye problems:

☐ Pain, itching, burning or scratching sensation ☐ Redness ☐ Tearing or discharge
☐ Blurred or fuzzy vision ☐ Problems with glasses ☐ Flashing lights
☐ Cobwebs, dark spots or dark veils over vision ☐ Other

Explain any check mark _____

Are you taking any medications? If so, please name them and give dosages if known.

_____
_____
_____
_____

Do you take or have you ever taken Flomax? ☐ Yes ☐ No

Are you allergic to LATEX? ☐ Yes ☐ No

Are you allergic to any medications? Please specify.

_____

Please list any operations or injuries you have had and when they occurred.

_____

Date of your last eye exam _____ Who performed the exam? _____

How old are your glasses? _____

Do you wish to have your glasses changed? ☐ Yes ☐ No

Do you wear contact lenses? ☐ Yes ☐ No ☐ Hard ☐ Soft ☐ Type, if known _____