

Please answer the following questions carefully. Your answers will enable Dr. Ho to perform a more thorough examination on your eyes.

- 1. Have you ever had and eye injury or operation? Yes No
- 2. Were your eyes crossed as a child? Yes No
- 3. Do you have any relatives who are blind or nearly blind through other causes than by accident? Yes No
- 4. Does your family have a history of cataracts? Yes No
- 5. Does your family have a history of glaucoma? Yes No
- 6. Does your family have a history of macular degeneration Yes No

7. Medical History: Please circle any that apply to you.

- | | | | |
|--------------------|--|----------------------|------------------------|
| apnea | congestive heart failure | hepatitis | mitral valve prolapse |
| arthritis | diabetic, how long _____, | heart disease | MS |
| asthma | IDDM- <input type="checkbox"/> yes / <input type="checkbox"/> no | heart murmur | neurological disorders |
| back problems | dialysis | high blood pressure | phlebitis |
| birth defect | depression | hiatal hernia | psychiatric disorders |
| bleeding disorders | emphysema | HIV/AIDS | scoliosis |
| brain damage | fainting | hypoglycemia | seizures |
| bronchitis | gastric ulcers | intestinal disorders | seizure disorders |
| cancer _____ | glaucoma | kidney problems | sickle cell disease |
| cerebral palsy | hay fever | lupus | stroke |
| chest pain | heart attack | migraine | thyroid disease |
| | | | TB |

8. Have you had any recent respiratory infections, other types of infections or hospitalizations? Yes No
 If yes, please describe and list date. _____

9. Do you use alcohol Yes No Amount _____
- tobacco Yes No Amount _____
- caffeine Yes No Amount _____
- recreational drugs Yes No Amount _____

10. What surgeries have you undergone? _____

11. Are you allergic to any medicines? _____

12. Do you take aspirin or blood thinners? _____

13. List all medications you are presently taking, including over the counter medications.

<u>Drug Name</u>	<u>Frequency (times per day)</u>
_____	_____
_____	_____
_____	_____
_____	_____