



211 McAuley Court, Hot Springs, AR 71913 \* 205 McAuley Court, Hot Springs, AR 71913

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www.holteye.com

Patient History

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

Eye Physician: \_\_\_\_\_ Late eye exam date: \_\_\_\_\_

Eye History: Please indicate if you have or have had any of the following:

- Glaucoma, Cataract, Macular degeneration, Strabismus (Lazy Eye), Injuries, Diabetes, Retina problems, Wear Glasses, Contact Lens wearer

Other eye problems and surgeries? \_\_\_\_\_

- Review of Systems (Eye) Decreased Vision, Tearing, Redness, Discharge, Pain, Itching, Burning, Foreign Body Sensation, Other

Review of Systems (Circle yes or no and if yes, please explain)

- Yes No Unexplained weight loss or fatigue?
Yes No High blood pressure, heart problems?
Yes No Breathing problems, cough, asthma?
Yes No Stomach, digestion problems?
Yes No Kidney, urinary problems?
Yes No Muscle, joint problems?
Yes No Skin problems, rash?
Yes No Headaches, seizures, nerve problems?
Yes No Diabeties, thyroid, hormone problems?
Yes No Anemia, bruising, blood problems?
Yes No Ear, nose, throat, sinus problems?
Yes No Allergies, autoimmune problems?
Yes No Depression, personality, psychiatric problems?

Height \_\_\_\_\_ Weight \_\_\_\_\_

Surgeries \_\_\_\_\_

Other medical problems \_\_\_\_\_

Conditions that run in your family (medical or eye): Glaucoma, Cataract, Injuries, Diabetes

Macular degeneration, Retina problems, Strabismus (Lazy Eye), Other (specify)

Allergic to any medications? \_\_\_\_\_

Do you or Did you: drink alcoholic beverages, if so, how much? \_\_\_\_\_

Do you or Did you: use tobacco products, if so, how much? \_\_\_\_\_

What is your current occupation? \_\_\_\_\_