Reason for visit			Ocular and Medical Hist	-			
▶ Age of glasses ▶ Age	of contact	ts	→ Are you interested in	□conta	acts	or □Lasik?	
						om Dr	
			v many hrs/day? $\Box 1$ -2hrs $\Box 2$				
			lasses Reading Computer				
		_	-	_			
	-		=	ontacts L	Mor	novision Colored Astigmatism	n
<u> </u>							
	ne curre i	nt flu			Prefe	erred language spoken	
Race:			▶ Ethnicity:				
☐ White			□Caucasian				
□ Hispanic			☐Mexican/ Latino				
☐ African American			□African American				
☐ Asian ☐ American Indian/							
□ Native Hawaiian/ Pacific Is	slander		□Other□	□Decline	d		
□Other □I	Declined						
			ers have the following? If yes,	please s			
None Sel			0	ad aa		one Self Relative	
Diabetes	⊣—		Cross	ed eyes oma			
High BP	⊣—		Glaud	onia acte			
Thyroid disease	H—		Catalo	denen			
Cancer	П		Retina	al disease	<u>.</u>		
Blindness			Other	ai diocdoc			
▶ Are you pregnant and/or	nursing?				_		
	_			Dr			
F Last physical: / /			s your primary care doctor? [
			/0=0\2 □ □ 2!				
▶ Are you taking any medic	ations (p	rescr	iption/OTC)? \square No \square Yes Ple	ase list _			
▶ Are you taking any medic		catio	n or other? □No □Yes Pleas	se explai	n		
➤ Are you taking any medical ➤ Do you have any allergies ➤ Smoking Status: □ Never □Other (to medio a Smoke Explain):	cation (er \Box F	n or other? □No □Yes Pleas Social History & Review of Second Sec	se explai Systems me day s	n s moke	er □Current every day smoker	
 ▶ Are you taking any medical ▶ Do you have any allergies ▶ Smoking Status: ☐ Never ☐ Other (I ▶ Do you drink alcoholic be 	a Smoke Explain):	cation er \Box F	n or other? □No □Yes Pleas Social History & Review of Service of	se explain Systems me day si	n S moke	er Current every day smoker	
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➤ Are you taking any medical ➤ Do you have any allergies ➤ Smoking Status: □ Never □ Other (I ➤ Do you drink alcoholic be ➤ Do you use illicit drugs? □ nstitutional Weight Loss Weight Gain Fever	a Smoke Explain): everages	cation	Social History & Review of Stormer Smoker Current sore No Yes If yes, explain. Do you have HIV or AID Vascular/Cardiovascular Chest Pain Vascular Disease High Cholesterol	Systems ne day si S? No N	ns moke	er Current every day smoker es Gastrointestinal Diarrhea Constipation Ulcer	- N
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