Tennessee River Eye Clinic

Established patient history (Blank answers will be recorded as no/negative in your electronic record.)

Name_____Date_____
Primary care doctor_____Eyecaredoctor_____
Other doctors that you see_____
What is your occupation _____
What eye problem prompted this appointment?_____
Since your last appointment have you…
Had an allergic reaction? Explain_____
Had any new eye problem? Explain_____
Had any surgery? Explain_____
Had any new medical diagnosis? Explain_____
List any discontinued or NEW medications with milligrams and frequency:_____
Have you started (or stopped) smoking:_____
Do you now or have you ever had…
[ ] contact lenses, [ ] eye pain, [ ] double vision, [ ] glaucoma, [ ] macular degeneration, [ ] cataracts, [ ] dry eyes, or [ ] flashes/floaters?
Explain_____
[ ] hearing loss, [ ] ringing in ears, or [ ] vertigo?
Explain_____
[ ] chest pain, [ ] dizziness, [ ] fainting, [ ] shortness of breath, [ ] palpitations, or [ ] difficulty lying flat?
Explain_____
[ ] fatigue,/weakness, [ ] fever, or [ ] weight gain/loss?
Explain_____
[ ] cough, [ ] congestion, [ ] wheezing, or [ ] asthma?
Explain_____
[ ] heartburn, [ ] nausea/vomiting, [ ] jaundice/hepatitis, or [ ] bloody stools?
Explain_____
[ ] pain/difficult urination, [ ] bloody urine, [ ] kidney stones, or [ ] sexually transmitted disease**?**
Explain_____
[ ] anxiety/depression, [ ] mood swings, or [ ] difficulty sleeping?
Explain_____
[ ] increased thirst, [ ] increased hunger, [ ] increased urination, [ ] abnormal sweating, or [ ] bruising, [ ] bleeding gums, [ ] prolonged bleeding, [ ] heavy aspirin?
Explain_____
[ ] stiffness, [ ] arthritis, or [ ] joint pain/swelling?
Explain_____
[ ] rashes/sores, [ ] skin lesions, or [ ] eczema?
Explain_____
[ ] seizures, [ ] weakness/paralysis, [ ] numbness, or [ ] tremors?
Explain_____
[ ] hives, [ ] itching, [ ] runny nose, [ ] or sinus pressure?
Explain_____
My responses are accurate for use in my medical decision making.
Sign here_____Date_____