Tennessee River Eye Clinic

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

Name: _____ **Date of birth:** _____

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 [ ] fingernail changes? Explain: _____

[ ] bruising, [ ] bleeding gums, [ ] prolonged bleeding, [ ] heavy aspirin use? 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: _____