Clemson Eye

Medical History

Please complete this form, front and back.

Patient Name: _____

Birth Date: _____ Today's Date: _____

Past Medical History

☐ None Apply

☐ Allergies	☐ Coronary artery disease	☐ Heart attack	☐ Osteoporosis/Osteopenia
☐ Anemia	☐ Crohn's disease	☐ Hepatitis C	☐ Seizures
☐ Anxiety	☐ Breast Cancer	☐ High blood pressure	☐ Sleep apnea
☐ Arthritis	☐ Colon Cancer	☐ High cholesterol	☐ Stroke
☐ Asthma	☐ Ovarian Cancer	☐ Insomnia	☐ Thyroid disease
☐ Atrial fibrillation	☐ Other Cancer _____	☐ Irritable bowel syndrome	☐ Ulcers
☐ Benign Prostatic Hypertrophy	☐ Depression	☐ Kidney disease	☐ Ulcerative colitis
☐ Blood Clots	☐ GERD	☐ Migraines	

☐ Diabetes ☐ Oral ☐ Insulin ☐ Diet-controlled Year of Diagnosis: _____

Past Surgical History

☐ None Apply

☐ Angioplasty	☐ Joint replacement	☐ Catract extraction	Glaucoma laser in:
☐ Angio w/stents	☐ Knee surgery	☐ Cornea transplant	☐Right ☐Left ☐Both
☐ Back surgery	☐ Pacemaker	☐ Shunt tube	Laser of retinal tear in:
☐ Gall Bladder surgery	☐ Thyroid surgery	☐ "Filter" Trabeculectomy	☐Right ☐Left ☐Both
☐ Heart bypass		☐ LASIK	Retina surgery in:
			☐Right ☐Left ☐Both

Family History: Please indicate if you mother, father, or sibling(s) have or had any of the following:

☐ Adopted, Family History Unknown ☐ No Relevant Family History

	Mother	Father	Sister(s)	Brother(s)
Cataract	☐	☐	☐	☐
Glaucoma	☐	☐	☐	☐
"Lazy Eye"	☐	☐	☐	☐
Macular degeneration	☐	☐	☐	☐

Please continue on other side

Medical History

What is your tobacco use history?

Smoker status:
☐ Current every day smoker ☐ Current some day smoker ☐ Smoker, current status unknown
☐ Never smoked ☐ Former smoker ☐ Unknown if ever smoked

Medications

Antibiotics
☐ amoxicillin
☐ azithromycin (Z-Pak)

Allergy/Asthma/COPD
☐ albuterol (Proventil, Ventolin)
☐ loratadine (Claritin)
☐ montelukast (Singulair)
☐ fluticasone/salmeterol (Advair)

Autoimmune
☐ adalimumab (Humira)
☐ infliximab (Remicade)
☐ etenercept (Enbrel)

Blood Pressure
☐ amlodipine (Norvasc)
☐ hydrochlorothiazide (HCTZ)
☐ Lisinopril (Zestril)
☐ metoprolol (Toprol)
☐ valsartan (Diovan)
☐ olmesartan (Benicar)
☐ telmisartan (Micardis)

Blood Thinners
☐ aspirin
☐ dipyridamole (Aggrenox)
☐ clopidogrel (Plavix)
☐ dabigatran (Pradaxa)
☐ rivaroxaban (Xarelto)
☐ warfarin (Coumadin)

Cholesterol
☐ simvastatin (Zocor)
☐ rosuvastatin (Crestor)
☐ atorvastatin (Lipitor)

Depression/Bipolar/Alzheimer's
☐ aripiprazole (Abilify)
☐ duloxetine (Cymbalta)
☐ memantine (Namenda)

Diabetes
☐ metformin (Glucophage)
☐ sitagliptin (Januvia)
☐ insulin aspart (Novolog)
☐ insulin lispro (Novolog)
☐ insulin glargine (Lantus)
☐ insulin detemir (Levemir)
☐ linaglipton (Tradjenta)
☐ liraglutide (Victoza)
☐ saxagliptin (Onglyza)

Eye: REVIEWED W/ CLINICIAN

Gastrointestinal
☐ omeprazole (Prilosec)
☐ esomeprazole (Nexium)

HIV
☐ Atripla
☐ ritonavir (Norvir)
☐ Truvada

Pain
☐ hydrocodone (Norco)

Thyroid
☐ levothyroxine (Synthroid)

☐ **Other (Please Specify):** _____

_____

_____

Allergies

☐ No Known Allergies ☐ Penicillin ☐ Tetracycline
☐ Latex ☐ Non-steroidal (Aleve, ibuprofen) ☐ Sulfa
☐ Other: _____

_____ _____
Patient Signature Tech Signature