

Name \_\_\_\_\_

**Current Eye Symptoms / Conditions** (Check All That Apply)

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Headaches               | <input type="checkbox"/> Excess Tearing       | <input type="checkbox"/> Sandy / Gritty Feeling    | <input type="checkbox"/> Eye Pain / Soreness            |
| <input type="checkbox"/> Distance Vision Blurred | <input type="checkbox"/> Near Vision Blurred  | <input type="checkbox"/> Glare / Light Sensitivity | <input type="checkbox"/> Tired Eyes                     |
| <input type="checkbox"/> Foreign Body Sensation  | <input type="checkbox"/> Dryness              | <input type="checkbox"/> Itching                   | <input type="checkbox"/> Redness                        |
| <input type="checkbox"/> Mucous Discharge        | <input type="checkbox"/> Floaters / Spots     | <input type="checkbox"/> Vision Distortions        | <input type="checkbox"/> Loss of Side Vision            |
| <input type="checkbox"/> Macular Degeneration    | <input type="checkbox"/> Amblyopia / Lazy Eye | <input type="checkbox"/> Retinal Detachment        | <input type="checkbox"/> Glaucoma / Ocular Hypertension |

**Personal History** (Check All That Apply)

**Cardiovascular**

- Elevated Cholesterol
- High Blood Pressure
- Stroke
- Congestive Heart Failure

**Head / ENT**

- Migraines
- Sinusitis
- Dizziness / Vertigo
- Chronic Cough

**Endocrine**

- Diabetes
- Thyroid Imbalance
- Gout
- Renal Disease

**Integumentary**

- Acne Rosacea
- Lupus
- Psoriasis

**Hematologic / Lymphatic**

- Leukemia
- Temporal Arteritis
- Lymphatic Disorder
- Sickle Cell Disease

**Respiratory**

- Asthma
- COPD
- Lung Cancer
- Lung Disorder

**Gastrointestinal**

- Cancer: Colon, Liver
- Colitis
- Hepatitis
- IBD

**Genitourinary**

- Menopause
- Prostate Cancer
- Cervical Cancer
- Breast Cancer

**Neurological**

- Bell's Palsy
- Multiple Sclerosis
- Parkinson's Disease
- Seizures
- Brain Tumor

**Immunological**

- AIDS
- Sarcoidosis
- Sjogren's Syndrome
- Syphilis
- Tuberculosis

**Psychiatric**

- Alzheimer's
- Bi-Polar Disorder
- Learning Disability
- Depression
- Schizophrenia

**Musculoskeletal**

- Arthritis
- Rheumatoid Arthritis

**Current Medications**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**Health Insurance** (Check Primary Plan)

- |                                   |  |                                 |                                    |   |
|-----------------------------------|--|---------------------------------|------------------------------------|---|
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Blue Cross Blue Shield (BCBS) | <input type="checkbox"/> Humana | <input type="checkbox"/> Aetna     | <input type="checkbox"/> UnitedHealthCare (UHC) |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> PHCS                          | <input type="checkbox"/> Cigna  | <input type="checkbox"/> Principal | <input type="checkbox"/> Benefit Planners       |

**Vision (Well Check) Insurance** (Check Primary Plan)

- |  |  |
|--|--|
| <input type="checkbox"/> Vision Service Plan (VSP) | <input type="checkbox"/> Superior Vision |
| <input type="checkbox"/> Vision Care Plan (VCP)    | <input type="checkbox"/> Eye Med         |

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