



NORTH HUNTINGDON
EYE CENTER

DATE _____

Name _____ Birthdate _____
Address _____ Employer _____
City, State, Zip _____ Occupation _____
Social Security # _____ Parent Name _____
Cell Phone _____ Spouse's Name _____
Home Phone _____ Work Phone _____
Email _____

Insurance

Vision Coverage _____ Subscriber _____
Member ID _____
Medical Coverage _____
Member ID _____

Medical History

PCP _____ Date of Last Physical _____
Do You Wear Contact Lenses? YES NO Date of Last Eye Exam _____
Medications _____

Allergies _____

List All Major Illnesses (including, but not limited to Diabetes, HBP, Stroke, Heart Attack, Cancer)

EYES (Poor Vision, Glaucoma, Macular Degeneration, Lazy eye)	YES	NO	_____
GENERAL (Fever, Weight Loss, Fatigue, etc)	YES	NO	_____
EAR, NOSE, THROAT (Hearing loss, Earache, Cough, Dry Mouth)	YES	NO	_____
CARDIO (High Blood Pressure, Heart Disease, Stroke)	YES	NO	_____
RESPIRATORY (Asthma, Emphysema, Shortness of Breath, Weezing)	YES	NO	_____
GASTRO (IBS, Diarrhea, Constipated, Hernia, Ucler)	YES	NO	_____
GENITAL ,KIDNEY, BLADDER (Pain on urination, Frequent urination)	YES	NO	_____
MUSCLES, BONES, JOINTS (Joint Pain, Arthritis, Stiffness, Swelling)	YES	NO	_____
SKIN (Rosacea, Rashes, Eczema, Acne)	YES	NO	_____
NEUROLOGICAL (Numbness, Headache, Seizures, Paralysis)	YES	NO	_____
ENDOCRINE (Diabetes, Thyroid)	YES	NO	_____
LYMPHATIC (Bleeding, High Cholesterol, Anemia, Blood Transfusion)	YES	NO	_____
IMMUNE (Allergy, Lupus, Swelling, Autoimmune, Itching)	YES	NO	_____
PSYCHIATRIC (Anxiety, Depression, Bipolar, Insomnia)	YES	NO	_____
PREGNANCY (Currently Pregnant, Nursing)	YES	NO	_____

FAMILY HISTORY: Has any member of your family had any of these diseases? (Mother, Father, Siblings, Grandparents)
Unknown/Blindness/Cataracts/Glaucoma/Macular Degeneration/Diabetets/Hypertension/Heart Disease/Stroke/Cancer/Thyroid/Arthritis/Other _____

LIFESTYLE HISTORY: Does your current vision limit any activities of daily living?(Driving/Reading/TV/Sports/Work)

Do you drink alcohol? YES NO How much _____/wk Do you smoke? YES NO _____packs/day