



Medical History Interview

Illinois Eye Institute - 3241 South Michigan Avenue - Chicago, Illinois 60616-3878
312.225.6200 or 312.949.7255 - www.illinoiseyeynstitute.com

To comply with medical record requirements, please complete the following information.

Patient Info

Patient Name: _____ **Today's Date:** ____ / ____ / ____

Primary Medical Doctor Name: _____ **DOB:** ____ / ____ / ____

Primary Medical Doctor Address: _____ **Height:** _____ ft _____ in

_____ **Weight (lbs):** _____

Pharmacy Name: _____ **Occupation:** _____

Pharmacy Address: _____ **Last Medical Exam:** _____

Pharmacy Phone: _____ **Last Eye Exam:** _____

What is your reason for today's eye exam (check all that apply):

- Blurr at Distance Glaucoma Eye Pain/Discomfort
- Blurr at Near Lazy Eye Itching
- Double Vision Red Eyes Broken Glasses
- Dry Eyes Flashes/Spots Cataracts
- Headache Tears/Discharge Macular Degeneration
- Other Reason _____

Referred by Dr. : _____

Have you had an eye injury? No Yes (specify): _____

Have you had an eye surgery? No Yes (specify): _____

Medical History

Do you have, or have been treated for: (check all that apply):

- Diabetes (high sugar) Arthritist/Joint Pain Breathing Problems High Blood Pressure
- Kidney/Urinary Depression/Anxiety Heart Disease STD
- Sinus/Allergy Stroke Cancer Skin Condition
- Stomach Problems HIV Hearing Loss Thyroid/Glands
- Headache Other Reason _____

Do you take any eyedrops? No Yes (specify): _____

Do you take any medications? No Yes (list): _____

Do you have any allergies? No Yes (explain): _____

Are you now pregnant? No Yes

Do you smoke? No Yes How Much?: _____

Do you drink alchhol? No Yes How Much?: _____

Do you have a history of recreational drug use? No Yes

Please mark the people in your family who have the following medical problems:

_____ Diabetes (high sugar)	_____ High Blood Pressure	_____ Breathing Problems
_____ Arthritis	_____ Sickle Cell Disease	_____ Retinal Disease
_____ Glaucoma	_____ Macular Degeneration	_____ Crossed Eyes
_____ Blindness	_____ High Blood Pressure	_____ Breathing Problems