

Uday Devgan, MD

PATIENT HISTORY

Name: _____

Medical History						
Medications you take (including oral contraceptives and over the counter):						
Are you allergic to any medications?					Yes	No
Are you currently being treated for any medical condition?					Yes	No
If yes, explain:						
Are you pregnant or nursing?					Yes	No
Do you smoke? (If so how much)					Yes	No
	Yes	No				
Chronic fever, unexpected weight loss, fatigue	<input type="checkbox"/>	<input type="checkbox"/>				
Ear, nose, throat problems, sinusitis, hearing loss	<input type="checkbox"/>	<input type="checkbox"/>				
Heart problems, chest pain, irregular heart beat	<input type="checkbox"/>	<input type="checkbox"/>				
Respiratory problems, wheezing, cough, shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>				
Gastrointestinal problems, diarrhea, vomiting, heartburn, pain	<input type="checkbox"/>	<input type="checkbox"/>				
Urinary problems, pain, discharge, blood in urine, urgency	<input type="checkbox"/>	<input type="checkbox"/>				
Skin problems, acne, seborrhea, eczema, psoriasis, rashes	<input type="checkbox"/>	<input type="checkbox"/>				
Musculoskeletal problems, aching, joint pain, joint swelling	<input type="checkbox"/>	<input type="checkbox"/>				
Neurologic symptoms, numbness, weakness, headaches	<input type="checkbox"/>	<input type="checkbox"/>				
Psychiatric problems, depression, anxiety, agitation	<input type="checkbox"/>	<input type="checkbox"/>				
Eye Conditions	Yes	No	General Health Conditions	Yes	No	
Glaucoma			Diabetes			
Cataracts			High Blood Pressure			
Retinal Detachment/Retinal Problem			Heart Disease			
Lazy Eye/Amblyopia			Breathing Problems			
Eye Surgery			Auto-Immune Disease			
Dry Eye			Arthritis			
Eye Injury/Infection			Seasonal Allergies			
Other (list):			Other (list):			
Eye History						
When was your last eye exam?			Doctors Name/City:			
How old are your present glasses?			Do you wear contacts? Yes No		How old are your contacts?	
When do you use glasses/contacts? Constantly Reading Only Distance Only Rarely						
Notes and items you think we should know about, not listed or described above:						