

ALL EYE CARE, P.A.

800 Hwy. 77 N. • Suite #100 • Waxahachie, TX 75165 • (972) 937-4433 • Fax (972) 937-4525

MEDICAL INFORMATION

Last _____ First _____ Date _____

Family Physician _____ Referred By _____

PATIENT HISTORY:

1. Medication Allergies: _____

2. Past Eye History: _____

3. Past Medical History: _____

4. Past Surgical History: _____

5. Current Medications (Name & Purpose) _____

FAMILY HISTORY OF:

SOCIAL HISTORY:

YES NO

- High Blood Pressure
- Heart Disease
- Diabetes
- Other _____

YES NO

- Glaucoma
- Retinal Detachment
- Cataracts
- Eye Disorders
- Macular Degeneration

Tobacco Yes No

Alcohol Yes No

Drugs Yes No

Do you live:

alone with spouse

other _____

PATIENT'S OR GUARDIAN'S SIGNATURE _____ DATE _____

PHYSICIAN'S SIGNATURE _____ DATE _____

UPDATE Year Initials Year Initials Year Initials Year Initials