NAME :						AG	E:	DATE:
LEASE CHECK <u>YES</u> OR <u>NO</u> 1			OPRITE	SPACES	S:			
REDUCED VISION	YES	NO	_					
DOUBLE VISION								
EYE PAIN								
EYE REDNESS	_							
EYE DISCHARGE	_		_					
EYE ITCHING								
EYE BURNING								
EYE TEARING/WATERING	_							
<u> </u>								
GLARE OF LIGHT								
SENSITIVITY								
FLOATER(S) OR FLASHING LIGHTS	1							
LIGHTS								
AVE YOU EVER BEEN TOL	D YOU	HAVE	THE FO	LLOWI	ING EYE P	ROBLE	MS:	
100 <u>2.22.</u> 222., 102	2 100				FAMILY H			
			YES	NO	YES N		_	
NEAR-SIGHTEDNESS (CAN	ONLY	SEE						
NEAR)								
FAR- SIGHTEDNESS (CAN C	ONLY S	EE FAF	R)					
CATARACTS								
GLAUCOMA		-						
MACULAR DEGENERATION	.N							
DRY EYES			_					
OTHER EYE DISEASES								
ANY EYE SURGERY								
AMBLYOPIA (LAZY EYE)								
O VOIL CURRENTI VII AVE	ANIX	r THE	EOLLO	WING I	IEALTH DI	ODLE	MC.	
OO YOU <u>CURRENTLY</u> HAVE	YES N		FOLLO	WINGE	IEALIH PI	CODLE	v15:	
COLD	IES N							
DRY MOUTH	\rightarrow							
SHORTNESS OF BREATH	++++							
ALLERGIES								
CHEST PAIN	+++++							
HEADACHE	+							
IAVE YOU EVER BEEN TOL	D YOU	HAVE	THE FO	LLOWI	ING HEAL	TH PRO	BLEMS:	
		<u>F</u>	AMILY I		$\mathbf{x}\mathbf{y}$			
	YES N	0	YES N	O	1			
HIGH BLOOD PRESSURE								
(HYPERTENSION)	++							
HEART DISEASE	+ +							
LUNG DISEASE	+ +							
ALLERGIES	+							
CANCER	+		-					
STROKE	+							
MIGRAINES	+		-					
ARTHRITIS HIGH CHOI ESTEROL	+		+					
HIGH CHOLESTEROL DIABETES	+		+					
ANY OTHER DISEASES	+	-	+					
AN I OTHER DISEASES		YES	NO		İ			
DO YOU WEAR GLASSES?		IES	NU					
DO YOU WEAR GLASSES? DO YOU WEAR CONTACT I	FNCEC	22	+					
DO YOU CURRENTLY SMO		74	+					
DO YOU CURRENTLY DRIN		-	+					
DO TOO CORRENTE! DRIP	1 134	I						
IST ALL CURRENT MEDICA	TIONS	ì:						
101 ILL COMMENT MEDICA		•						
IST ALL DRUG ALLERGIES:							rash	/ shortness of breath / GI upset
								/ shortness of breath / GI upset
								and a special
ATIENT'S SIGNATURE:								DATE:
								
REVIEWED:DATE:	REVIE	EWED:_	DA	TE:	REVIEW	ΈD:	_DATE:	
REVIEWED:DATE:	REVIE	EWED:_	DA	ТЕ:	REVIEW	ED:	DATE:	
REVIEWED:DATE:		EWED:_		TE:	REVIEW		DATE:	
REVIEWED:DATE:		EWED:_		TE:	REVIEW		DATE:	
REVIEWED:DATE:		EWED:_		TE:	REVIEW		DATE:	
REVIEWED:DATE:		EWED:_		TE:	REVIEW		_DATE:	
REVIEWED:DATE:	KEVIF	EWED:_	DA	ГЕ:	REVIEW	ED:	DATE:	REVIEWED:DATE:_