

Social History:

Do you use Tobacco products now? Yes / No

How long have you used tobacco products? _____ Amount of tobacco products per day? _____

If you have stopped using tobacco products, how long ago did you quit? _____

Doctor wants you to know that :

Tobacco use triples your chance of having Cataracts and Macular degeneration.

Doctor recommends counseling or pharmaceutical intervention if you are interested in no longer using tobacco products.

Do you drink alcohol? Yes / No Social 1 – 2 daily above average use

Family Medical History

Any health problems for blood related family members? If yes indicate relationship to patient .

(example: mother, paternal grandfather, uncle, brother)

Diabetes Yes/No _____

High Blood Pressure Yes/No _____

Macular Degeneration Yes/No _____

Cataracts Yes/No _____

Glaucoma Yes/No _____

Color Deficiency Yes/No _____

=====

Primary Care Physician _____ City _____ phone _____

List any eye surgeries _____

=====

Patient's Signature _____ date _____

Patient Reviewed date _____ Initials _____ Patient Reviewed date _____ Initials _____

Patient Reviewed date _____ Initials _____ Patient Reviewed date _____ Initials _____