Retina Patient History

OREGON HEALTH & SCIENCE UNIVERSITY

Attach Label Here

Date: ______________________

Referring Doctor: ______________________

Primary Care Provider: ______________________

What is the main reason that you are here today? When did the problem start?

____

____

What eye problems (e.g., injury, surgery, laser, vision loss) have you had in the past?

Please list dates of injury, surgery or other procedures.

____

____

____

Allergies to any medications? ☐No

____

____

Current Medications (please attach a list if you'd prefer): Be sure to list Dose and quantity of Medication taken

____

____

____

____

____

____

____

Medical History

Diabetes? ☐No ☐Yes______________

High blood pressure? ☐No ☐Yes__________

Heart disease? ☐No ☐Yes______________

Any other problems?

____

____

____

Any surgeries in the past? When?

____

____

____

Retina Patient History

Social History

Occupation:______________________

Who do you live with?

____

Do you drive? ☐Yes ☐No

Do you smoke? ☐Yes ☐No

If yes, how many packs a day?___________

How many years have you smoked?_______

If no, have you smoked in the past?_______

How long ago did you quit?_____________

Family History

Who, if any, in your family has the following?

Macular Degeneration ☐No ☐Yes_______

Retinal Detachment ☐No ☐Yes_________

Glaucoma ☐No ☐Yes________________

Cataracts ☐No ☐Yes _________________

Blindness ☐No ☐Yes________________

Other serious eye problem ☐No ☐Yes

____

Diabetes ☐No ☐Yes_________________

Other serious health problem ☐No ☐Yes

____

____

____

Review of Symptoms:

(check all that apply)

- ☐ Blurry vision
- ☐ Distortion of vision
- ☐ Difficulty with peripheral vision
- ☐ Flashing lights
- ☐ Floaters in the visual field
- ☐ Eye pain

- ☐ Headaches
- ☐ Fevers, chills or night sweats
- ☐ Unintentional weight loss
- ☐ Hearing loss
- ☐ Dizziness
- ☐ Fainting
- ☐ Chest pain
- ☐ Shortness of breath
- ☐ Increased difficulty with walking uphill or exercise because of shortness of breath or chest pain
- ☐ Difficulty lying flat
- ☐ Increased ankle swelling
- ☐ Nausea or vomiting
- ☐ Diarrhea
- ☐ Rash
- ☐ Numbness of certain parts of the body
- ☐ Weakness of certain parts of the body
- ☐ Trouble with urination because of pain or blood
- ☐ Constant and overwhelming sadness
- ☐ Anxiety
- ☐ Easy bruising or bleeding
- ☐ Being thirsty all the time
- ☐ Frequent infections

Signature & Date: ____

☐ Entered in EPIC ☐ Reviewed by MD