Personal Info & Medical History

(Please be thorough, so we can focus your eye care.)

Focused Eye Care
NASHUA & MILFORD

Name: _____ Date of Birth: _____

Your Primary Care Provider: _____

Personal Medical History	YES	NO
Developmental Disabilities		
Cancer (Type:)		
Fatigue Syndrome		
Hearing Loss		
Sinusitis		
Dry Mouth		
Laryngitis		
Multiple Sclerosis		
Epilepsy		
Cerebral Palsy		
Tumor/Stroke/CVA		
Migraine		
Autism Spectrum Disorder		
Depression		
ADD		
Anxiety		
Bipolar Disorder		
High Blood Pressure		
Heart Disease		
Vascular Disease		
Asthma		
Sleep Apnea		

Personal Medical History	YES	NO
Chrohn's/Colitis		
Kidney Disease		
Pregnant/Nursing		
Arthritis		
Fibromyalgia		
Eczema		
Rosacea		
Psoriasis		
Diabetes Mellitus:Type 1 or 2		
Thyroid Dysfunction		
Large-volume blood loss		
High Cholesterol		
Autoimmune (Sjogrens, Lupus)		
Environmental Allergies		
Eye Turn/Lazy Eye		
Double Vision		
History of Eye Surgery		
Floaters/Flashes		
History of Eye Injury		
Glaucoma/Glaucoma Suspect		
Cataracts		
Other:		

Medications: (If you have a list, we can make a copy) including over the counter medications, eye drops or supplements: _____

_____

_____

Do you have any allergies to any medications:? ☐ **Yes** ☐ **No** If yes, Please list: _____

_____

Do you smoke? ☐ **Yes** ☐ **Never** ☐ **Ex-Smoker** (Year Quit: _____)

Do you wear glasses? ☐ **Yes** ☐ **No** Do you wear contact lenses:? ☐ **Yes** ☐ **No** (If yes, please bring boxes or last prescription)

Have you worn Contact lenses in the past? ☐ **Yes** ☐ **No**

Family Medical History	Mother	Father	Brother	Sister	Son	Daughter
Glaucoma						
Cataracts						
Age-Related Macular Degeneration						
Cancer						
Diabetes						
High Blood Pressure						

Ethnicity: ☐ **White** ☐ **Black** ☐ **Hispanic/Latino** ☐ **Native American/Inuit** ☐ **Asian** ☐ **Pacific Islander** ☐ **Mixed Race**

Gender Identity: ☐ **Female** ☐ **Male** ☐ **Other** (Please self-describe): _____

Preferred Language: (If other than English):: _____

505 West Hollis Street | Suite 109 | Nashua NH 03062 | P: 603.882.0311 | F: 603.882.3020 | abettervision.com
81 Mont Vernon Street | Milford NH 03055 | P: 603.673.1330