

LAKES AREA EYECARE

Name: _____ Date _____

Address: _____ City _____ ZIP _____

Date of Birth: _____ Home Phone: _____ Cell: _____

Work Phone: _____ Email Address: _____

Employer/School _____ Occupation/Grade _____

Emergency Contact: _____ Phone: _____

Health History: (Please circle all that apply)

- 1. Constitution – Developmental Disabilities, Cancer, Fatigue Syndrome, Other: _____
- 2. Ear/Nose/Throat – Hearing Loss, Sinus Problems, Dry Mouth, Laryngitis Other: _____
- 3. Neurological – MS, Epilepsy, Cerebral Palsy, Tumor, **Stroke**, Migraine
Head/Brain Injury Other: _____
- 4. Psychiatric – Depression, ADD/ADHD, Anxiety Disorder, Bipolar Disorder Other: _____
- 5. Cardiovascular – **High Blood Pressure**, Heart Disease, Vascular Disease,
Congestive Heart Failure, **Heart Attack** Other: _____
- 6. Respiratory – Smoker, Asthma, Bronchitis, Emphysema, Sleep Apnea,
COPD Other: _____
- 7. Gastro-Intestinal – Crohn’s, Colitis, Ulcer, Acid Reflux, Celiac Disease Other: _____
- 8. Genito-Urinary – Kidney Disease, Prostate Disease, Prostate Cancer, STD’s
Pregnant or Nursing Other: _____
- 9. Muscular/Skeletal – Arthritis, Osteoarthritis, Fibromyalgia, Muscular Dystrophy Other: _____
- 10. Dermatologic – Eczema, Rosacea, Psoriasis, Herpes Simplex, Herpes Zoster Other: _____
- 11. Endocrinology – **Type 2 Diabetes, Type 1 Diabetes, Thyroid Dysfunction**
Hormonal Dysfunction Other: _____
- 12. Hematological/Lymph - Anemia, Large Volume Blood Loss, High Cholesterol Other: _____
- 13. Immunologic – Rheumatoid Arthritis, Lupus, Sjogren’s Syndrome, Lyme’s Other: _____
- 14. Ocular Conditions – Glaucoma, ARMD, Cataracts, Retinal Detachment
Eye Injury Other: _____
- 15. Ocular Surgeries _____
- 16. Family History of (Please Circle) – Macular Degeneration, Glaucoma
- 17. Alcohol Use – Yes / No Tobacco Use - Yes / No

Please list all medications, including all supplements: _____

Environmental Allergies: _____

Drug Allergies: _____

Primary Care Physician: _____

How did you hear about us? Please circle - Referred By? _____ Web Search – Newspaper –
Phonebook - Insurance List – Facebook – Her Voice – Brainerd Lakes Living – Lakes Catholic Magazine - Drive By
Radio – Up North Parent - Chamber