Welcome to the Bloomberg Eye Center

(Please complete information below to the best of your ability)

Name: ____ **Date of Birth:** __________

Doctor Information

Referring Physician _______________________ Eye Doctor _______________________

Primary Care Physician ____

Allergies Please list all allergies and reactions (Medications, Latex, Food) [ ] No Known Allergies

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Past Ocular Conditions (Please check all that apply)

[ ] Cataracts
[ ] Eye Infections
[ ] Glaucoma
[ ] Retinal Disease
[ ] Iritis
[ ] Dry Eyes
[ ] Lazy Eye
[ ] Macular Degeneration

Past Ocular Surgeries (Write date of surgery)

[ ] Cataracts _________
[ ] Laser _________
[ ] Eyelids _________
[ ] LASIK _________
[ ] Glaucoma _________
[ ] Muscle _________
[ ] Injections _________
[ ] RK/AK _________

Past Medical History (Please check all that apply)

[ ] Diabetes I ___ II ___ Year Diagnosed ________
[ ] Herpes
[ ] Prostate
[ ] Acid Reflux
[ ] Cholesterol
[ ] HIV/Aids
[ ] Sarcoidosis
[ ] Alzheimer's/Dementia
[ ] COPD/Emphysema
[ ] High B/P
[ ] Seizure
[ ] Arthritis
[ ] Heart Attack
[ ] Kidney Disease/Dialysis
[ ] Sjogren's
[ ] Asthma
[ ] Heart Disease
[ ] MS
[ ] Stroke/CVA
[ ] Anxiety/Depression
[ ] Heart Failure
[ ] Nursing
[ ] Thyroid
[ ] Atrial Fibrillation
[ ] Hepatitis
[ ] Pregnant
[ ] TIA
[ ] Cancer: Type ___________

[ ] Other ____

Past Surgeries (Please check all that apply)

[ ] Appendectomy
[ ] Defibrillator
[ ] Hernia
[ ] Pacemaker
[ ] Back/Spinal
[ ] Gall Bladder
[ ] Hip/Knee
[ ] Prostate
[ ] Brain
[ ] Heart
[ ] Hysterectomy
[ ] Thyroid
[ ] Cancer
[ ] Heart Bypass
[ ] Kidney
[ ] Tonsils/Adenoids
[ ] Carotid Artery
[ ] Heart Stent
[ ] Lung

[ ] Other ____

Family History (Please check all that apply)

[ ] Diabetes
[ ] Glaucoma
[ ] Other ___________________________

Social History (Please check all that apply)

[ ] Smoker
[ ] Alcohol
[ ] Drugs

Current Medications (Name, Dosage, # of Times a Day)

1.___________________________________ 6.______________________________
2.___________________________________ 7.______________________________
3.___________________________________ 8.______________________________
4.___________________________________ 9.______________________________
5.___________________________________ 10.______________________________

Additional Information: ____

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