Regional Eye Associates
Cataract and Primary Eye Care
Michele A. Miano, MD
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MEDICAL HISTORY QUESTIONNAIRE

Full Legal Name:	**Sex:** ☐ M ☐ F	**Date:**

If this is your first visit, please complete:
How did you hear about us? ☐ Doctor ☐ Friend ☐ Family Member ☐ Internet
☐ Other:
Date of last eye exam: **Where was this done (Dr./Clinic):**

PRIMARY CARE DOCTOR:
Are you currently taking: ☐ Flomax ☐ Coumadin ☐ Plavix ☐ Aspirin ☐ Rapaflow
☐ Uroxatral ☐ Minipress ☐ Cardura ☐ Hytrin ☐ Avodart

Current Medications (prescription, over the counter, vitamins, homeopathic):
Allergies to medications:
Have you ever had any of the following eye procedures: ☐ LASIK ☐ PRK ☐ RK
List all current & previous illnesses, injuries, surgeries:

Please check any of the following conditions that you have today:

General:	☐ Fever	☐ Fatigue	☐ Cancer	
Ears, Nose, Throat:	☐ earache	☐ Nasal Congestion	☐ Pain	
Cardiovascular:	☐ chest pain	☐ high blood pressure	☐ irregular/rapid heartbeat	
Respiratory:	☐ asthma	☐ emphysema	☐ shortness of breath	
Gastrointestinal:	☐ reflux	☐ diarrhea	☐ vomiting	
Genitourinary:	☐ trouble urinating	☐ discharge	☐ ulcer	
Integumentary:	☐ skin cancer	☐ acne	☐ rosacea	☐ eczema
Musculoskelatal:	☐ arthritis	☐ gout	☐ join/muscle pain	
Neurological:	☐ numbness	☐ memory loss	☐ dizziness	☐ stroke
Psychiatric:	☐ anxiety	☐ depression		
Endocrine:	☐ diabetes	☐ hypothyroidism	☐ Grave's disease	
Hematologic:	☐ high cholesterol	☐ anemia	☐ bleeding disorder	
Immunologic:	☐ allergies	☐ immune disorder		

***Any blood relatives with following conditions:**

Blindness:
Glaucoma:
Macular Degeneration:
Diabetes:
Retinal Detachment:
Smoke? ☐ Yes ☐ No ☐ Previously
Are you pregnant? ☐ Yes ☐ No **Do you work?** ☐ Yes ☐ No **Drive?** ☐ Yes ☐ No