



GLAUCOMA INSTITUTE OF AUSTIN

Name: _____

Date: _____

Medical Questionnaire:

1) Have you ever been diagnosed with any Eye disease?, by whom and when?

ex. () Glaucoma () Corneal Disease () Retinal Problems () Macular Degeneration

Please describe: _____

2) Any previous Eye injuries? () YES () NO If so, please describe: _____

3) Are you using any Eye medications? () YES () NO If so, what? _____

4) Have you ever had Laser procedures done to your eyes? () YES () NO If so, by whom and when?

5) Have you ever had any Eye surgeries? () YES () NO If so, by whom and when?

6) Do you have any current medical problems? () YES () NO If so, what? _____

7) Do you take any medications? () YES () NO If so, what? _____

8) Are you allergic to any medications? () YES () NO If so, what? _____

9) Do you use Tobacco? () YES () NO

10) Do you drink Alcohol? () YES () NO

11) Any Family history of: () Glaucoma () Corneal Disease () Retinal Problems Other ()

Please describe: _____

Review of Systems, any recent problems with:

1) Constitutional: Fever ()
Weight loss ()
Other ()

2) EYES: Blurred vision ()
Double vision ()
Peripheral loss ()
Halos ()
Pain ()
Discharge ()
Other ()

3) Ears, Nose, Throat: Pain ()
Mass ()
Discharge ()
Other ()

4) Cardiovascular: Chest pain ()
Shortness of breath on exertion ()
Irregular heart beat ()
High blood pressure ()
Other ()

5) Respiratory: Cough ()
Shortness of breath ()
Asthma ()
Other ()

6) Gastrointestinal: Ulcer ()
Diarrhea ()
Constipation ()
Stomach pain ()
Bowel habits/change ()
Other ()

7) Musculoskeletal: Weakness ()
Joint pain ()
Decreased Range of Motion ()
Other ()

8) Hematologic/Lymphatic: Anemia ()
Blood disease ()
Easy bleeding/bruising ()
Swollen lymph nodes ()
Other ()

9) Integumentary(skin): Masses ()
Tumors ()
Pigmented lesion ()
Rash ()
Other ()

10) Neurologic: Weakness ()
Tingling ()
Numbness ()
Other ()

Have You Ever Had:

Loss of Consciousness ()
Blood transfusion ()
Low blood pressure ()
Needed CPR ()
Steroid use ()
Raynaud's ()
Migraines ()

Technician Initials _____