

Exam Interview Form:

EnVision EyeCare & Optique

Name _____ Birthdate _____ Date _____

Email _____ Primary Doctor _____

Emergency Contact _____ Occupation _____

Language _____ decline Race _____ decline Height _____ Weight _____

Ethnicity: circle either -- Hispanic/Latino or Not Hispanic/Latino decline

Accept Dilation today? **Yes** or **No**

Do you currently wear contact lenses? **Yes** or **No** Are you interested in contact lenses? **Yes** or **No**

Please list any and **all** medications you are currently taking:

Please list **all** medical allergies you have: _____

PLEASE CIRCLE YES OR NO FOR ANY PROBLEM YOU HAVE RECENTLY HAD OR ARE CURRENTLY BEING TREATED FOR:

Eye/Ocular: Y N Cataracts/Surgery Y N Macular Degeneration Y N Glaucoma Y N Diabetic Retinopathy Y N Dry Eye Y N Eye infection/Allergy Y N Floaters/Flashes Y N Iritis or Uveitis Y N Retinal Degeneration Y N Retinal Defects	Cardiovascular: Y N High Blood Pressure Y N Heart Disease Y N Vascular Disease Y N Congestive Heart Failure Respiratory: Y N Cigarette Smoker Y N Asthma Y N Bronchitis Y N Emphysema Y N Chronic Obstruction Y N Sleep Apnea GI: Y N Chron's Y N Colitis Y N Ulcer Y N Acid Reflux Y N Celiac Disease GU: Y N Kidney Disease Y N Prostate Disease/Cancer Y N STD-herpetic/chlamydia Y N Benign Prostate Hypertrophy Y N Pregnant/Nursing	Integ: Y N Eczema Y N Rosacea Y N Psoriasis Y N Herpes Simplex/Cold Sores Y N Herpes Zoster/Shingles Endo: Y N Diabetes type 1 or 2 Y N Thyroid Dysfunction Y N Hormonal Dysfunction Hem/Lymph: Y N Anemia Y N Large Volume Blood Loss Y N Cholesterol Y N Sickle Cell Anemia Allergy/Imm: Y N Drug Allergies Y N Environmental Allergies Y N Rheumatoid Arthritis Y N Lupus Y N Sjogren's Syndrome Y N AIDS/HIV
Constitution: Y N Developmental Disabilities Y N Cancer Y N Fatigue Syndrome ENT: Y N Hearing Loss Y N Sinusitis Y N Dry Mouth Y N Laryngitis Neuro: Y N Multiple Sclerosis Y N Epilepsy Y N Cerebral Palsy Y N Tumor Y N Stroke/CVA Y N Migraine Y N Alzheimers/Dementia Psych: Y N Depression Y N Attention Deficit Y N Anxiety Disorder Y N Bipolar Disorder	Musc/Skel: Y N Arthritis Y N Osteoarthritis Y N Fibromyalgia Y N Muscular Dystrophy Y N Ankylosing Spondylitis Y N Osteoporosis Y N Gout	Other _____

Office use: _____ Dr _____ Optical _____ Front desk