

FRIEDRICH EYE ASSOCIATES, PLLC  
 PATIENT PERSONAL HISTORY AND PHYSICAL

**HISTORY AND PHYSICAL**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON FOR VISIT: \_\_\_\_\_

DRUG ALLERGIES	EYE HISTORY		
	Do you wear glasses? Y N Fulltime reading only? Y N		
	Do you wear contact lenses? Y N Brand: _____		
	Please check all items which pertain to you:		
	BLOOD SHOT EYES		EYE STRAIN
	BLURRED VISION		FLOATERS/FLASHES
CURRENT MEDICATIONS	BURNING EYES		GLAUCOMA
	CATARACTS		HEADACHES
	COLOR VISION, POOR		ITCHING EYES
	CROSS EYES		LIGHT SENSITIVITY
	DISCHARGE FROM EYE		LOSS OF VISION
	DIZZY/FAINTING		NIGHT VISION, POOR
	DOUBLE VISION		RED EYES
	DRY EYES		SEEING HALOS
PHARMACY NAME/PHONE	EYE INFECTION		TWITCHING EYELID
	EYE INJURY		WATERING EYES

**HOSPITALIZATIONS AND SURGERIES**

REASON	DATE	REASON	DATE

**MEDICAL HISTORY**

**PLEASE MARK S FOR SELF OR F FOR FAMILY WHERE APPLICABLE:**

ALLERGIES	EPILEPSY/CONVULSIONS	MENTAL ILLNESS	
ANEMIA	GALLBLADDER	MIGRAINES	
ARTHRITIS	GI DISORDER	OSTEOPOROSIS	
ASTHMA	GLAUCOMA	OTHER:	
BLEEDING	GOUT	PERIPHERAL VASCULAR	
BLINDNESS	HEADACHE	PNEUMONIA	
BOWEL PROBLEMS	HEART MURMUR	PROSTATE DISEASE	
BRONCHITIS	HEART PALPITATIONS	RHEUMATIC FEVER	
CANCER	HEPATITIS	MENSES DYSFUNCTION	
CATARACTS	HIGH BLOOD PRESSURE	SHORTNESS OF BREATH	
CHEST PAIN	INCONTINENCE	STROKE	
DEPRESSION	KIDNEY DISEASE	THYROID DISEASE	
DIABETES	LACTOSE INTOLERANCE	ULCERS	
DIZZINESS/FAINTING	MACULAR DEGENERATION	VENEREAL DISEASE	

**HABITS**

TOBACCO:	ALCOHOL:	DIABETIC:
PACKS DAILY:	TYPE:	INSULIN DEPENDENT: Y N
HOW LONG:	AMOUNT:	NON-INSULIN: Y N
WHEN STOPPED:		LAST BLOOD SUGAR: