OREGON EYE ASSOCIATES, LLP & AFFILIATES

I. Howard Fine, M.D. Richard S. Hoffman, M.D. Annette C. Sims, M.D.
Oregon Eye Surgery Center Focal Point Optical

Name: ______________________ **DOB:** ________ **AGE:** ________ **DATE:** ________

Occupation: ______________________

Medicine or Latex Allergy: ______________________ **INTERESTS:** ______________________

Medications Currently Taken: ______________________ **List All Eye Injuries/Surgeries/Diagnoses:** ______________________

Eye Medications: ______________________ **Major Surgeries (last 10 years):** ______________________

Primary Care Physician: ______________________

	Yes	No
Do you have or have you ever had:		
Cardiovascular:		
Heart Attack - Date:		
Chest Pain		
Angina		
Congestive Heart Failure		
Irregular Heart Beat		
High Blood Pressure		
Low Blood Pressure		
Pacemaker		
Defibrillator		
High Cholesterol		
Respiratory:		
Asthma		
Emphysema		
COPD		
Bronchitis		
TB: Positive Test / Treated?		
Genitourinary:		
Prostate Treatment (men)		
Comment: Saw Palmetto, Proscar or Flomax used in the past? (add directive if yes)		
Endocrine:		
Diabetes: Type 1 / Type 2		
Thyroid Disease		
Kidney Problems		
Kidney Stones		
Neurological:		
Parkinson’s		
Stroke / TIA		
Multiple Sclerosis		
Chronic Headache		
Alzheimer’s		
Hard of Hearing / Deaf		
Musculoskeletal:		
Arthritis		
Joint Pain		
Gastrointestinal:		
Hepatitis A/B/C/Jaundice		

	Yes	No
Skin:		
Skin Rashes		
MRSA (add directive if yes)		
Shingles		
Location of Shingles:		
ENT:		
Sinus Congestion		
Allergic/Immunologic:		
HIV		
Persistent Infections		
Hem/Lymph:		
Bleeding/Bruising Tendency		
General:		
Night Sweats		
Unexplained Fever		
Are you Pregnant?		
Cancer:		
Type:		
Family History:		
Diabetes		
Glaucoma		
Macular Degeneration		
Cataracts		
Corneal Dystrophy		
Other Medical Conditions not Listed:		
Smoke Status:		
Current Every Day Smoker		
Current Some Day Smoker		
Former Smoker		
Never Smoker		
Alcohol use?		
Drug use (recreational)		
Do you Drive?		

MD & Tech Initials: