

PATIENT HEALTH HISTORY

PATIENT NAME: _____

DATE OF BIRTH: _____

PRIMARY CARE PHYSICIAN: _____

DATE LAST SEEN: _____

PREVIOUS EYE DOCTOR: _____

DATE LAST SEEN: _____

MEDICAL & FAMILY HISTORY:

CURRENT MEDICATIONS:

MEDICATION	DOSE	PRESCRIBED BY

LIST ALL MAJOR SURGERIES: include eye surgeries as well

SURGERY	WHEN

LIST ANY ALLERGIC REACTIONS TO MEDICATIONS OR EYE DROPS:

MEDICATION	TYPE OF REACTION

HAVE YOU OR ANY FAMILY MEMBERS BEEN DIAGNOSED WITH THESE DISEASES OR CONDITIONS?

DISEASE/CONDITION	YOURSELF	RELATIVE
CATARACT	Y N	
EYE TURN	Y N	
GLAUCOMA	Y N	
MACULAR DEGENERATION	Y N	
RETINAL DETACHMENT	Y N	
BLINDNESS	Y N	
OTHER	Y N	
DIABETES	Y N	
HIGH BLOOD PRESSURE	Y N	
HIGH CHOLESTEROL	Y N	

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OPTOMETRISTS

PLEASE INDICATE BELOW IF YOU HAVE OR EVER HAD PROBLEMS WITH THE FOLLOWING SYSTEMS:

SYSTEM	Y N	PROBLEM
GASTROINTESTINAL	Y N	
EAR/NOSE/THROAT	Y N	
CARDIOVASCULAR	Y N	
RESPIRATORY	Y N	
NERVOUS SYSTEM	Y N	
GENITAL/URINARY	Y N	
MUSCULAR/SKELETAL	Y N	
SKIN	Y N	
ENDOCRINE	Y N	
BLOOD LYMPH	Y N	
EMOTIONAL	Y N	

WOMEN: PREGNANT? YES NO
BREAST FEEDING? YES NO

SOCIAL HISTORY:

QUESTION	Y N	HOW MUCH?
DO YOU SMOKE?	Y N	
DO YOU DRINK ALCOHOL?	Y N	
DO YOU TAKE NON-PRESCRIPTION DRUGS?	Y N	
DO YOU TAKE RECREATIONAL DRUGS?	Y N	

WEIGHT? _____

HEIGHT? _____

I HAVE COMPLETED THIS FORM TO THE BEST OF MY KNOWLEDGE:

NAME: _____ DATE: _____

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES: HIPAA

We are required by law to maintain the privacy of and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information.

To that end, copies of our short and long Privacy Policy are posted on the bulletin board if you would like to read them.

Your signature below is acknowledgement that you have received this notice of our Privacy Practices:

PRINT NAME: _____ SIGNATURE: _____

DATE: _____

In accordance with our Privacy Policy, we do not share any of your medical or eye information. However, if there is anyone that you would like us to be able to talk to should they ask, please list them below.

NAME	TELEPHONE