

## Dr. Skrdla, OD & Spex Vision Care

712 Whalers Way, Ste A210, Fort Collins 80525 970-282-7739

## **Patient Medical History**

Please place an 'x' next to the 'Y' (yes) or 'N' (no) where appropriate. What looks like an 'i' are actually brackets where you can type. Place your curser in the appropriate box, type an 'x' and the brackets will move accordingly. Once completed you can either save and e-mail, print and fax, or print and bring with you. (Realize e-mail may not be a secure means of transmitting your history and is not a HIPPA approved means of communication of medical information so use at your own discretion).

Name:											
Date of Birth:											
Physician/Pediatrician:											
What is the main reason for your visit:											
Are you planning on new glasses today? Y				N							
Are you planning on contacts today? Y				N							
Do you currently wear glasses?				N							
Do you currently wear contacts?				N							
20 Jou currently wour conditions:				11							
Do you currently take any medications?			List								
3 3			List								
medications?											
Are you pregnant?	Y		N								
Family Medical and Ocular			Patient's Eye History					Patient's Health History			
History				, , ,							
None of Below:	Y		N		None of Below:	Y		N	None of Below:	Y	N
Arthritis	Y		N		d Vision Distance	Y		N	Headaches	Y	N
Cancer	Y		N	Blurred Vision Near		Y		N	Allergies	Y	N
Lupus	Y		N	Itching		Y		N	High Blood Pressure	Y	N
Stroke	Y		N	Dryness		Y		N	Diabetes	Y	N
High Blood Pressure	Y		N	Burning		Y		N	High Cholesterol	Y	N
Heart Disease	Y		N	Sandy or Gritty		Y		N	Cardiovascular	Y	N
Thyroid Disease	Y		N	Foreign Body Sensation		Y		N	Arthritis	Y	N
Diabetes	Y		N	Excess Tearing/Watery Eyes		Y		N	Lupus	Y	N
Macular Degeneration	Y		N	Tired Eyes		Y		N	Neurologic	Y	N
Cataract	Y		N	Redne		Y		N	Psychiatric	Y	N
Glaucoma	Y		N		ted Vision (Halos/Glare)	Y		N	Blood/Lymph/Anemia	Y	N
Amblyopia (Lazy Eye)	Y		N		e Vision	Y		N	AIDS/HIV	Y	N
Other:				Loss of Vision  Fluctuating Vision				N	Respiratory	Y	N
				2				N	Ears, Nose, Throat	Y	N
				Lazy Eye (Amblyopia)				N	Muscles, Bones, Joint	Y	N
				Eye Pain				N	Thyroid Disease	Y	N
				Cataract Y				N	Genital/Kidney/	Y	N
				Glauce	ama	Y		N	Bladder/Prostate Cancer	Y	N
						Y			<u> </u>	Y	
				Retina Disease (Diabetes, etc.)				N N	Weight Loss Weight Gain	Y	N N
				Retinal Detachment Macular Degeneration				N	Gastrointestinal	Y	N
						Y		N	Endocrine	Y	N
				· ·				N	Skin	Y	N
Is there anything else we should be aware of to				Flashes of Light Y N Other:					Kidney	Y	N
be better prepared for your visit?				Oulci.					Dry Throat/Mouth	Y	N
F-F									Other:		
				Lifestyle/Social Habits					Ouler:		
				Do You Smoke Y N			N	Packs Per Day			
					ou Smoke ou Drink	Y		N	Drinks Per Week		
				DO YO	u DIIIK	Y		IN	Dilliks Pel Week		