

**COLORADO RETINA CENTER MEDICAL HISTORY SHEET**

DATE \_\_\_\_\_ REFERRING DOCTOR \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SEX \_\_\_\_\_ MARITAL STATUS S M W D ETHNIC ORIGIN \_\_\_\_\_

**ALLERGIES**

MEDICINAL

OTHER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CURRENT MEDICATIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TESTS (DATE LAST DONE)**

**PERSONAL HISTORY (YES OR NO)**

BLOOD PROFILE \_\_\_\_\_  
CHOLESTEROL, TRIGLYCERIDES \_\_\_\_\_  
FASTING BLOOD SUGAR \_\_\_\_\_  
URINALYSIS \_\_\_\_\_  
COMPLETE PHYSICAL \_\_\_\_\_  
VISION TEST \_\_\_\_\_  
OTHER \_\_\_\_\_  
\_\_\_\_\_

ARTHRITIS \_\_\_\_\_  
ASTHMA/EMPHYSEMA \_\_\_\_\_  
BLEEDING DISEASE \_\_\_\_\_  
CANCER \_\_\_\_\_  
CHEST PAIN \_\_\_\_\_  
DEPRESSION \_\_\_\_\_  
DIABETES \_\_\_\_\_  
HEADACHES \_\_\_\_\_  
HEART DISEASE \_\_\_\_\_  
HEPATITIS \_\_\_\_\_  
HIGH BLOOD PRESSURE \_\_\_\_\_  
HIV \_\_\_\_\_  
KIDNEY STONES \_\_\_\_\_  
KIDNEY DISEASE \_\_\_\_\_  
PREGNANT \_\_\_\_\_  
SHORTNESS OF BREATH \_\_\_\_\_  
STROKE \_\_\_\_\_  
SWELLING OF FEET \_\_\_\_\_  
TB \_\_\_\_\_  
THYROID \_\_\_\_\_  
MENOPAUSE \_\_\_\_\_  
OTHER \_\_\_\_\_

**SOCIAL HISTORY**

SMOKING: Y N PACKS/DAY \_\_\_\_\_  
ALCOHOL: Y N DRINKS/DAY \_\_\_\_\_  
DRUGS: Y N \_\_\_\_\_

**FAMILY HISTORY**

DIABETES \_\_\_\_\_  
GLAUCOMA \_\_\_\_\_  
EYE DISEASE \_\_\_\_\_  
OTHER \_\_\_\_\_

**SURGERIES**

APPENDECTOMY.....Y N DATE \_\_\_\_\_ HYSTERECTOMY.....Y N DATE \_\_\_\_\_  
 CANCER.....Y N DATE \_\_\_\_\_ MASTECTOMY.....Y N DATE \_\_\_\_\_  
 GALLBLADDER .....Y N DATE \_\_\_\_\_ PROSTRATE.....Y N DATE \_\_\_\_\_  
 HEMORROIDS.....Y N DATE \_\_\_\_\_ THYROID.....Y N DATE \_\_\_\_\_  
 HERNIA.....Y N DATE \_\_\_\_\_ TUMORS.....Y N DATE \_\_\_\_\_  
 OTHER \_\_\_\_\_

**EYE HISTORY:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EYE TRAUMA:** \_\_\_\_\_

**GLAUCOMA:** \_\_\_\_\_

**ADDITIONAL INFORMATION**

**DR. MEHTA CAUTIONS ALL PATIENTS AGAINST DRIVING UNTIL DILATING DROPS HAVE WORN OFF; TO DO SO WOULD BE AT MY OWN RISK.**

\_\_\_\_\_  
 SIGNATURE (PATIENT)

DATE: \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE (PHYSICIAN)

DATE: \_\_\_\_\_