



Sun Eye Care, PA
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PATIENT MEDICAL HISTORY

GLASSES/CONTACTS HISTORY

How often do you wear eyeglasses or contact lenses for distance vision?

- Not at all
- Part-time
- Full-time

Do you need eyeglasses for reading?

- Yes
- No

Do you wear contact lenses?

- Yes
- No

What kind of lenses do you wear now?

- Soft
- Rigid gas permeable
- Hard

When was the last time you wore your lenses?

When did you start wearing contact lenses?

Have you tried monovision with contacts?

- Yes
- No

Was it successful?

- Yes
- No

Are you interested in monovision laser vision correction?

€ Yes

€ No

PAST MEDICAL HISTORY

Do you now have or at any time in the past had any of the following?

Autoimmune diseases:	Yes	No		Yes	No
Lupus	€	€	Hepatitis	€	€
Rheumatoid arthritis	€	€	HIV infection	€	€
Other	€	€	Herpetic eye infection	€	€
Allergy/atopic disease	€	€	Keloid formation	€	€
Collagen vascular diseases:			Prior medication use		
Ehler's Danlos	€	€	Accutane	€	€
Marfan's syndrome	€	€	Amiodarone	€	€
Other	€	€	Immitrex	€	€
Diabetes	€	€	Pregnancy/trying to become		
Glaucoma	€	€	Pregnant?	€	€

What problems have you had with dry eye syndrome?

Please list other medical or eye conditions below:

List all prior eye injuries or surgeries:

List all other surgeries you have had:

List all eye drops that you currently use:

List all other medications that you take including dosage and frequency:

What drug allergies do you have?

What eye diseases run in your family?
