DUPAGE OPHTHALMOLOGY

Balaji Gupta MD ● Sheridan Lam MD

Patient Name: **Date:**

What brings you to the office? _____

Symptoms

- ❑ Double vision
- ❑ Flashes or floaters
- ❑ Dryness/Irritation
- ❑ Infection
- ❑ Itching
- ❑ Lid bump(s)
- ❑ Pain
- ❑ Something in the eye
- ❑ Tearing
- ❑ Vision problems

Hx of Eye Surgery

- ❑ Eye muscle surgery
- ❑ Glaucoma surgery
- ❑ Cataract surgery
- ❑ Injections into eye
- ❑ Laser surgery
- ❑ LASIK/Refractive
- ❑ Retina surgery
- ❑ Other:

Current Eye Problems

- ❑ Diabetic eye problems
- ❑ Dry eyes
- ❑ Cataract
- ❑ Glaucoma
- ❑ Macular degeneration
- ❑ Retinal problems
- ❑ Strabismus/Lazy eye
- ❑ Other:

Family Hx of Eye Problems

- ❑ Allergy/Asthma
- ❑ Bleeding disorder
- ❑ Blindness
- ❑ Genetic disease
- ❑ Glaucoma
- ❑ Macular degeneration
- ❑ Migraine
- ❑ Retinal problems
- ❑ Strabismus/Lazy eye
- ❑ Other:

Social History

- ❑ drink alcohol
- ❑ smoke
- ❑ use illegal drugs
- ❑ Hx of blood transfusions

Occupation (or former work if retired): _____

Current Medical Problems ❑ **None**

Allergy

- ❑ Asthma
- ❑ Eczema
- ❑ Seasonal allergies/Hay fever

Cardiac

- ❑ Atrial fibrillation
- ❑ Heart disease
- ❑ Heart surgery
- ❑ High blood pressure
- ❑ High cholesterol

Ear, nose, mouth, throat

- ❑ Mouth sores
- ❑ Pain with chewing
- ❑ Sinus congestion
- ❑ TMJ problems

Endocrine

- ❑ Diabetes—diet controlled
- ❑ Diabetes—medication controlled
- ❑ Diabetes—insulin needed
- ❑ Pituitary tumor
- ❑ Thyroid disease

Gastrointestinal

- ❑ Crohns disease
- ❑ Ulcerative colitis

Genitourinary

- ❑ Genital sores
- ❑ Prostate enlargement

Hematologic

- ❑ AIDS/HIV
- ❑ Bleeding tendencies
- ❑ Hepatitis B or Hepatitis C
- ❑ Sickle cell disease

Skin

- ❑ Breast cancer
- ❑ Hx of skin cancers
- ❑ Psoriasis

Musculoskeletal

- ❑ Back pain
- ❑ Fibromyalgia
- ❑ Lupus
- ❑ Rheumatoid arthritis
- ❑ Sjogrens syndrome

Neurologic

- ❑ Anxiety
- ❑ Dementia
- ❑ Depression
- ❑ Dizziness
- ❑ Headache
- ❑ Migraine
- ❑ Parkinsons disease
- ❑ Seizures
- ❑ Stroke
- ❑ Syphillis

Respiratory

- ❑ COPD
- ❑ Lung Cancer
- ❑ Sleep Apnea
- ❑ Tuberculosis

List All Medications: ❑ **None** ❑ **History of taking Flomax**

_____

_____

Medication Allergies: _____

_____

Patient's signature: _____ **Date:** _____

Doctor's signature: _____