DUPAGE OPHTHALMOLOGY

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Name:
Date:
Reason for visit:____

Recent Symptoms:
- ❑ Crossed or wandering eye
- ❑ Excessive squinting
- ❑ Frequent tearing or discharge
- ❑ Frequent headaches

History of Eye Problems: ❑ None
- ❑ Glasses
- ❑ Patching
- ❑ Eye surgery
- ❑ Eye injury

Other eye problems:

Are you interested in Contact Lenses? Y__ N___

Other Medical Problems: ❑ None
- Asthma/seasonal allergies
- ❑ Genetic disorder
- ❑ Diabetes
- ❑ ADHD
- ❑ Heart problems
- ❑ Delayed development

Allergies to medications: ❑ None

List all medications: ❑ None

Family History of eye problems: ❑ None
- ❑ Amblyopia ("lazy eye")
- ❑ Strabismus ("crossed eye")
- ❑ Complications from anesthesia
- ❑ Genetic disease (runs in family)
- ❑ Glaucoma

Birth history (Infants only)
Birth weight: ____ lb, ____ oz
- ❑ Delivered more than 8 weeks early
- ❑ Problems during pregnancy
  (bleeding, diabetes, medications, alcohol)
- ❑ Forceps delivery
- ❑ Baby kept in hospital due to illness

Patient/Guardian Signature____________________________________Date________________

Doctor ____

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