

WESTSIDE EYE CLINIC

NAME: _____ DATE: _____

AGE: _____ DATE OF BIRTH: _____ UPDATED: _____

LAST EYE EXAM: _____ REFERRED BY: _____

ALLERGIES: _____

Please circle all that apply

PAST OCULAR HISTORY:

cataract, glaucoma, macular degeneration, eye injury/trauma, detached retina

other _____

FAMILY HISTORY:

Glaucoma _____ Diabetes _____

PAST MEDICAL HISTORY:

Ears, Nose, Throat: hard of hearing, dry mouth, sinus/allergy

Cardiovascular: high B/P, heart attack, congestive heart failure, high cholesterol,

irregular heartbeat, pace maker

Respiratory: asthma, COPD, emphysema, TB

Gastrointestinal: GERD, ulcers, hepatitis

Musculoskeletal: rheumatoid arthritis, other type arthritis, lupus, fibromyalgia

Neurological: stroke, MS, Alzheimer's, Parkinson's, seizures

Endocrine: diabetes, thyroid

Hematology: anemia, blood clots

Allergic/Immunologic: Sjogren's Syndrome, HIV, hives

Other: _____

SOCIAL HISTORY:

Tobacco: No Yes ____ppd Alcohol: No Yes

Substance Abuse: No Yes Other: _____

For office use only

Patient counseled on tobacco use: Yes No N/A

Oriented to time, person, and place: Yes _____ No _____

Suzette S. Killeen, M.D. _____

Owen B. Leftwich, M.D. _____

Nancy J. Wagner, M.D. _____

Patient Name: _____ Date of Birth: _____ Date: _____

Please list all current medications or attach separate sheet.

Date	Medication Name	Dosage	Taken how often ? PRN= when needed	Route	Currently Taking	
					Yes	No
			___ Times a day ___ or PRN	___ Oral ___ Topical ___ Injection		
			___ Times a day ___ or PRN	___ Oral ___ Topical ___ Injection		
			___ Times a day ___ or PRN	___ Oral ___ Topical ___ Injection		
			___ Times a day ___ or PRN	___ Oral ___ Topical ___ Injection		
			___ Times a day ___ or PRN	___ Oral ___ Topical ___ Injection		
			___ Times a day ___ or PRN	___ Oral ___ Topical ___ Injection		
			___ Times a day ___ or PRN	___ Oral ___ Topical ___ Injection		
			___ Times a day ___ or PRN	___ Oral ___ Topical ___ Injection		
			___ Times a day ___ or PRN	___ Oral ___ Topical ___ Injection		
			___ Times a day ___ or PRN	___ Oral ___ Topical ___ Injection		
			___ Times a day ___ or PRN	___ Oral ___ Topical ___ Injection		
			___ Times a day ___ or PRN	___ Oral ___ Topical ___ Injection		
			___ Times a day ___ or PRN	___ Oral ___ Topical ___ Injection		
			___ Times a day ___ or PRN	___ Oral ___ Topical ___ Injection		
			___ Times a day ___ or PRN	___ Oral ___ Topical ___ Injection		

Suzette S. Killeen, M.D. _____

Owen B. Leftwich, M.D. _____

Nancy J. Wagner, M.D. _____

