913.787.6724
www.sharpervisionks.com

# Health History

| Yes | No | Condition | Yes | No | Condition |
|---|---|---|---|---|---|
| ☐ | ☐ | Asthma ______ | ☐ | ☐ | Head or Spinal injuries ______ |
| ☐ | ☐ | Kidney Disease ______ | ☐ | ☐ | Seizures, Convulsions, or Fainting ______ |
| ☐ | ☐ | Tuberculosis ______ | ☐ | ☐ | Extensive Confinement by Illness or Injury ______ |
| ☐ | ☐ | Diabetes ______ | ☐ | ☐ | Temporal Arteritis ______ |
| ☐ | ☐ | Migraines ______ | ☐ | ☐ | Carotid Artery Disease ______ |
| ☐ | ☐ | Psychiatric Disorder ______ | ☐ | ☐ | Stroke ______ |
| ☐ | ☐ | Nervous Disorder ______ | ☐ | ☐ | HIV ______ |
| ☐ | ☐ | Heart Disease ______ | ☐ | ☐ | Liver Disease ______ |
| ☐ | ☐ | Ulcer ______ | ☐ | ☐ | Rheumatoid Arthritis ______ |
| ☐ | ☐ | High Blood Pressure______ | ☐ | ☐ | Cancer ______ |
| ☐ | ☐ | Do you smoke?______ | ☐ | ☐ | Sickle Cell Anemia______ |
| ☐ | ☐ | Do you drink? ______ | ☐ | ☐ | Other Diagnosed Health Problems______ |

☐ ☐ Taken any illegal substances within the last 12 months?______

| Please list all Medications you are currently taking: | Please list all Medications you are allergic to: |
|---|---|
| ______ | ______ |
| ______ | ______ |
| ______ | ______ |
| ______ | ______ |

## YOUR OCULAR HISTORY

| Yes | No | | Yes | No | | Yes | No | |
|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | Cataracts | ☐ | ☐ | Cataract Surgery | ☐ | ☐ | Crossed eyes / Lazy eye |
| ☐ | ☐ | Glaucoma | ☐ | ☐ | Glaucoma Surgery | ☐ | ☐ | Iritis / Uveitis |
| ☐ | ☐ | Corneal Disease | ☐ | ☐ | Corneal Surgery | ☐ | ☐ | Eye Muscle Surgery |
| ☐ | ☐ | Retinal Disease | ☐ | ☐ | Retinal Surgery | ☐ | ☐ | Other: ______ |

## FAMILY HISTORY

| Yes | No | | Yes | No | | Yes | No | |
|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | Cataracts | ☐ | ☐ | Macular Degeneration | ☐ | ☐ | Heart Disease |
| ☐ | ☐ | Glaucoma | ☐ | ☐ | Retinitis Pigmentosa | ☐ | ☐ | Stroke |
| ☐ | ☐ | Corneal Disease | ☐ | ☐ | Diabetes | ☐ | ☐ | Retinal Detachment |
| | | | | | | ☐ | ☐ | Other: ______ |

## SURGICAL HISTORY (please include date & type)

______

______

Name:______ Date:______

Tech initial & date______