HOLT EYE CLINIC PLLC

211 McAuley Court
Hot Springs, AR 71913
800-794-5600 • 501-624-0609
501-624-6191 Fax

205 McAuley Court
Hot Springs, AR 71913
501-624-6330
www.holteye.com

Patient History

Name _____ Date _____

Family Physician _____ Referring Physician _____

Eye Physician _____ Last eye exam date _____

Eye History: Please indicate if you have or have had any of the following: □ Glaucoma □ Cataract □ Strabismus (lazy eye) □ Retina problems □ Macular degeneration □ Injuries □ Wear glasses □ Wear contacts

Other EYE problems and surgeries?_____

Review of Systems (Eye) □ Decreased vision □ Tearing □ Redness □ Discharge □ Pain □ Itching □ Burning □ Foreign body sensation □ other_____

Review of Systems (circle yes or no and if yes please explain)

Yes No Unexplained weight loss, fatigue? _____
Yes No High blood pressure, heart problems?_____
Yes No Breathing problems, cough, asthma?_____
Yes No Stomach, digestion problems?_____
Yes No Kidney, urinary problems?_____
Yes No Muscle, joint problems?_____
Yes No Skin problems, rash?_____
Yes No Headaches, seizures, nerve problems?_____
Yes No Diabetes, thyroid, hormone problems?_____
Yes No Anemia, bruising, blood problems?_____
Yes No Ear, nose, throat, sinus problems?_____
Yes No Allergies, autoimmune problems?_____
Yes No Depression, personality, psychiatric problems?_____

Height _____ Weight _____

Surgeries_____

Other medical problems _____

Conditions that run in your family (medical or eye): □ glaucoma □ lazy eye □ macular degeneration □ cataracts □ diabetes □ retina problems □ other (specify) _____

Eye medications _____

Other medications _____

Drug allergies _____

Did you or do you: □ drink alcoholic beverages and/or □ use tobacco products and if so, how much?

_____

What is your current occupation?_____