

Case History

Name: _____ Date: _____

Eye Symptoms

- Blurred Vision(1)
- Night blur(2)
- Double vision(3)
- Itchiness(4)
- Burning/ Dry Eye(5)
- Tearing(6)
- Secretions/Pus(7)
- Redness(8)
- Pain(9)
- Light Sensitivity(10)
- Tired Eyes(11)
- Squinting(12)
- Light Flashes(13)
- Floating Spots(14)
- Eye Strain(15)
- Dizziness(16)

Personal Medical History

- Diabetes(1)
- High Blood Pressure(2)
- Heart Disease(3)
- High Cholesterol(4)
- Allergies/Hayfever(5)
- Novocaine Allergy(6)
- Drug Allergies(7)
- Sinus Trouble(8)
- Asthma/Emphysema(9)
- Thyroid/Other Glands(10)
- Arthritis/Muscle,Joint Pain(11)
- Stomach/Intestines(12)
- Pregnant or Nursing(13)
- Anemia, Bleeding(14)
- Psychiatric(15)
- Eczema/Melanoma(16)
- Tobacco products
- Alcohol/ Drugs

LIST Current Medications:

Personal Eye History

- Disease(1)
- Injury(2)
- Surgery(3)
- Cataracts(4)
- Glaucoma(5)
- Pink Eye(6)
- Other Eye Problems(7)
- Styes(8)
- Crossed Eyes(9)
- Astigmatism(10)
- Color Blindness(11)
- Headache(12)
- Other Problems(13)

FAMILY Medical History

- Diabetes(1)
- High Blood Pressure(2)
- Cataracts(3)
- Glaucoma(4)
- Blindness(5)
- Color Blindness(6)
- Astigmatism(7)
- Melanoma Cancer(8)
- Arthritis(9)
- Macular Degeneration(10)
- Other(11)

Occupation/ Hobbies

Last eye exam: _____

Chief Problems (Current)

Location _____

Duration _____

Severity _____

Modifying Conditions _____

Oriented to Person,Time,Place _____

Glasses owned:

- Progressive Glasses
- Distance Glasses
- Reading Glasses
- Computer Glasses
- Bifocal Glasses
- Sunglasses
- Safety Glasses
- Sports Glasses
- Music Glasses

Contact Lens

Do you wear contacts?(even occasionally) Yes No

Are you interested in contacts? Yes No

Current Contacts: Disposable, Bifocal, GP, Colored

When do you wear CL: daily, weekend, 1-2x/m

WTT_____hrs CL age_____ days/wks

AWT_____hrs When do you change CL?_____

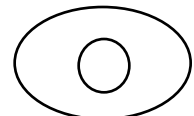
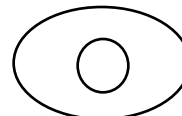
Solutions _____

Do you rub your CL to clean? _____

Performance _____

Blur: Dx, Int, Nr

Present Contact Lens Evaluation



CTR

V H

1° LAG

_____ mm

Sup LAG

_____ mm

Surface

OR

V H

_____ mm

_____ mm
