

**ALLATOONA EYE  
INSTITUTE, PC**

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Name \_\_\_\_\_

Date \_\_\_\_\_

Age \_\_\_\_\_

MAIN PROBLEM \_\_\_\_\_

Date of Onset \_\_\_\_\_

Current eye meds \_\_\_\_\_

PAST OCULAR HISTORY \_\_\_\_\_

PAST MEDICAL PROBLEMS \_\_\_\_\_

DRUG ALLERGIES \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

**HABITS**

Do you use alcohol; if so, how much and how frequently? \_\_\_\_\_

Do you smoke or use other tobacco products, if so, how much? \_\_\_\_\_

Have you ever used IV or Street Drugs? \_\_\_\_\_

**SOCIAL HISTORY**

Occupation \_\_\_\_\_

Marital Status \_\_\_\_\_

Do you wear glasses now? Yes\_\_\_\_ No\_\_\_\_

How old are your present glasses? \_\_\_\_\_

Do you wear contact lenses now? Yes\_\_\_\_ No\_\_\_\_

How old are your present contact lenses? \_\_\_\_\_

Check the contact lens types that you are wearing now or have worn in the past. \_\_\_\_\_monovision

\_\_\_\_daily wear soft lenses      \_\_\_\_extended wear soft lenses      \_\_\_\_regular hard lenses

\_\_\_\_daily wear disposables      \_\_\_\_soft lenses for astigmatism      \_\_\_\_bifocal hard lenses

\_\_\_\_overnight wear disposables      \_\_\_\_gas permeable hard lenses      \_\_\_\_bifocal soft lenses

Check any eye conditions that apply to you.

\_\_\_\_eye redness

\_\_\_\_sensitivity to light

\_\_\_\_double vision

\_\_\_\_eye itching

\_\_\_\_cataracts

\_\_\_\_turned eye

\_\_\_\_sticky discharge in the eye

\_\_\_\_glaucoma

\_\_\_\_lazy eye

\_\_\_\_eye infections

\_\_\_\_eye injuries

\_\_\_\_eye exercises

\_\_\_\_eye dryness

\_\_\_\_eye surgeries

\_\_\_\_"prism" in glasses

\_\_\_\_headaches

\_\_\_\_spots in front of eyes

\_\_\_\_problems with color vision

\_\_\_\_eye strain

\_\_\_\_flashing lights in front of eyes

