

148 East Avenue, Suite 1A, Norwalk CT 06851 Phone 203.857.0115
8440 Bluebonnet Blvd, Baton Rouge, LA 70810 Phone 225.766.0005

Date:

Name:

Main reason for appointment:

Current medications and supplements and dosages:

Please indicate if you have a history of any of these conditions:

- | | |
|---|--|
| <input type="checkbox"/> Allergies (Penicillin, Sulfa, etc.): | <input type="checkbox"/> Bloodthinners: |
| <input type="checkbox"/> Prior eye injuries or surgery (including laser): | Aspirin / Motrin / Naprosyn / |
| <input type="checkbox"/> Family history of eye disease: | Coumadin / Persantine: |
| <input type="checkbox"/> Any neurological disorder | <input type="checkbox"/> Cough or wheezing: |
| <input type="checkbox"/> Diabetes or high blood pressure: | <input type="checkbox"/> Chest pain or ankle swelling: |
| <input type="checkbox"/> Lung or heart disease: | <input type="checkbox"/> Shortness of breath: |
| <input type="checkbox"/> Kidney or liver (hepatitis) disease: | <input type="checkbox"/> Vomiting or diarrhea: |
| <input type="checkbox"/> Cancer: | <input type="checkbox"/> Stomach pain or bleeding: |
| <input type="checkbox"/> Bleeding tendency or anemia: | <input type="checkbox"/> Pain or difficulty with urination: |
| <input type="checkbox"/> Smoking, alcohol or drug usage: | <input type="checkbox"/> Joint pain: |
| <input type="checkbox"/> Stroke or convulsions: | <input type="checkbox"/> Headache: |
| <input type="checkbox"/> Arthritis: | <input type="checkbox"/> Have you been exposed to hepatitis, |
| <input type="checkbox"/> Skin Disease: | AIDS or tuberculosis? |
| <input type="checkbox"/> Any other medical problems: | <input type="checkbox"/> Any prior problems with local or |
| | general anesthesia? |
| <input type="checkbox"/> Prior surgeries (other than eye): | <input type="checkbox"/> Are you pregnant? |

Additional details

Physician signature:

Date: