COLLINS EYE CENTER

PATIENT FORM updated 1-6-2016

GENERAL INFORMATION

SSN

Guarantor if other than Self

Cell Phone Work Phone Home Phone

Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Legally Separated ☐ Widowed

Reason for Visit:

Referring Provider

Pharmacy name and location Pharmacy phone

Primary Care Physician Office phone

Do you have any of the following conditions?

☐Cataract	☐Diabetic Retinopathy	☐Iritis or Uveitis
☐Age Related Macular Degeneration	☐Dry Eye	☐Retinal problems
☐Glaucoma	☐Corneal ulcer or eye inflammation	Other Eye Conditions:
☐Diabetes	☐Floaters and/or flashes of light	

Please list current medications and dosage or provide a copy(Include over the counter)

Please list any drug allergies:

Alcohol Use? ☐None ☐1-2/day ☐Social ☐ Above Average Use

Tobacco Use? ☐None ☐Former ☐ <1pk/day ☐1-2pk/day ☐>2pk/day

Smoking status? ☐Current ☐Former ☐Never

Have you or a family member experienced, or been treated for any of the following?

	You	Family	(Circle all that apply)				
AIDS/HIV	☐	☐	Mother	Father	Child s / d	Brother	Sister
Allergies	☐	☐	Mother	Father	Child s / d	Brother	Sister
Arthritis	☐	☐	Mother	Father	Child s / d	Brother	Sister
Asthma	☐	☐	Mother	Father	Child s / d	Brother	Sister
Blood/Lymph Disorder	☐	☐	Mother	Father	Child s / d	Brother	Sister
Cancer	☐	☐	Mother	Father	Child s / d	Brother	Sister
Diabetes Type 1	☐	☐	Mother	Father	Child s / d	Brother	Sister
Diabetes Type 2	☐	☐	Mother	Father	Child s / d	Brother	Sister
Ear, Nose, Throat conditions	☐	☐	Mother	Father	Child s / d	Brother	Sister
Gastrointestinal conditions	☐	☐	Mother	Father	Child s / d	Brother	Sister
Headaches, severe	☐	☐	Mother	Father	Child s / d	Brother	Sister
Heart Disease	☐	☐	Mother	Father	Child s / d	Brother	Sister
High Blood Pressure	☐	☐	Mother	Father	Child s / d	Brother	Sister
High Cholesterol	☐	☐	Mother	Father	Child s / d	Brother	Sister
Kidney Disease	☐	☐	Mother	Father	Child s / d	Brother	Sister
Lupus	☐	☐	Mother	Father	Child s / d	Brother	Sister
Neurological Conditions	☐	☐	Mother	Father	Child s / d	Brother	Sister
Psychiatric Disorder	☐	☐	Mother	Father	Child s / d	Brother	Sister
Seizures	☐	☐	Mother	Father	Child s / d	Brother	Sister
Skin Conditions List:_____	☐	☐	Mother	Father	Child s / d	Brother	Sister
Stroke	☐	☐	Mother	Father	Child s / d	Brother	Sister
Hyperthyroidism	☐	☐	Mother	Father	Child s / d	Brother	Sister
Hypothyroidism	☐	☐	Mother	Father	Child s / d	Brother	Sister