

Mount Ogden Eye Center  
4360 Washington Blvd.  
Ogden, UT 84403  
801.476.0494



Bountiful Hills Eye Center  
1551 S. Renaissance Towne Dr.,  
Ste. 340  
Bountiful, UT 84010  
801.677.1122

## PATIENT HEALTH QUESTIONNAIRE

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you interested in Lasik? Yes/No    Glasses? Yes/No    Contact Lenses: Yes/No

### PAST EYE HISTORY

Do you wear glasses?                      If so, since what age? \_\_\_\_\_

Do you wear contact lenses? If so, what kind (circle one)    Soft    Gas Permeable    Hard    Extended Wear

Do you have problems with night vision? Yes/No

Have you ever had an injury to your eye(s)? If yes, please describe: \_\_\_\_\_

Family History: (parents, grandparents, siblings):

**Glaucoma?** Yes/No

**Macular Degeneration?** Yes/No

**Diabetes?** Yes/No

**Blindness?** Yes/No

**Retinal Detachment?** Yes/No

**High Blood Pressure** Yes/No

**Cancer?** Yes/No

**Other?** Please list: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Allergies to eye drops: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Surgeries performed and year: \_\_\_\_\_

List of current medications: \_\_\_\_\_

Please answer the following questions regarding your current medical health:

Daily alcohol consumption: \_\_\_\_\_ Daily tobacco use: \_\_\_\_\_

Have you gained or lost 10 pounds in the last 6 months? Yes/No

Do you have any problems with our ears, nose, mouth or throat?

Yes/No

Do you have any heart problems? Yes/No

Do you have any breathing problems?

(asthma, emphysema, etc.) Yes/No

Do you have any problems with your stomach or bowels?

(ulcers, diarrhea, etc.) Yes/No

Do you have any problems with muscles or joints? Yes/No

Do you have any skin problems? Yes/No

Do you have any problems with bruising or bleeding? Yes/No

Have you had any nervous system conditions (stroke, etc.) Yes/No

Do you have allergies? Yes/No

### For Office Use Only Ocular Diagnoses:

_____
_____
_____
_____
_____
_____

### Ocular Surgeries:

_____
_____
_____
_____

### Review of Systems/Medications:

Tech Initials	Dr. Initials
_____	_____
_____	_____
_____	_____
_____	_____