Vincent A. Keszei, M.D.
Diseases & Surgery of the Eye

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(pronounced KAY'S eye)

Medical History Questionnaire

Today's Date: _____ **Name:** _____

What is the main reason for your visit today?

_____

_____

Past Medical History **List any medical conditions you currently have.**

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

Past Surgical History **List any non-eye surgeries.**

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Past Ocular History
List any eye conditions you currently have.

_____

_____

_____

_____

_____

Past Ocular Surgery
List any eye surgeries. **Year**

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Do you wear contact lenses? **Yes** ◯ **No** ◯

Do you wear glasses? **Yes** ◯ **No** ◯

Medications: Please list all medications including supplements and over-the-counter medications.

Medication	Dose	Medication	Dose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List All Allergies and Reactions

_____ _____

_____ _____

_____ _____

Social History

Smoking Status (please choose one)

- ◯ **Current every day smoker**
- ◯ **Current someday smoker**
- ◯ **Former smoker**
- ◯ **Never smoker**

Driving Status

- ☐ **Drives in the daytime**
- ☐ **Drive at night**

Do you drink alcohol?

- ◯ **Yes How often? _____**
- ◯ **No**

Family History M = mother F = father B = brother S = sister

Diabetes	**M** ☐ **F** ☐ **B** ☐ **S** ☐	**Heart Disease**	**M** ☐ **F** ☐ **B** ☐ **S** ☐
Hypertension	**M** ☐ **F** ☐ **B** ☐ **S** ☐	**Migraine**	**M** ☐ **F** ☐ **B** ☐ **S** ☐
Glaucoma	**M** ☐ **F** ☐ **B** ☐ **S** ☐	**Cancer**	**M** ☐ **F** ☐ **B** ☐ **S** ☐
Blindness	**M** ☐ **F** ☐ **B** ☐ **S** ☐	**Stroke**	**M** ☐ **F** ☐ **B** ☐ **S** ☐
Cataract	**M** ☐ **F** ☐ **B** ☐ **S** ☐	**Lazy Eye**	**M** ☐ **F** ☐ **B** ☐ **S** ☐
Crossed Eyes	**M** ☐ **F** ☐ **B** ☐ **S** ☐		
Macular Degeneration	**M** ☐ **F** ☐ **B** ☐ **S** ☐		
Retinal Detachment	**M** ☐ **F** ☐ **B** ☐ **S** ☐		