



PATIENT HEALTH QUESTIONNAIRE

Name: _____ DOB: ____/____/____

1) Briefly, what is the eye issue that brings you to this office?

2) Do you have any ocular diseases or disorders? YES NO

- Glaucoma Cataracts Retinal Detachment Macular Degeneration
- Near Sighted Far Sighted Lazy Eye Other _____

3) Have you ever had any eye surgeries? If yes, please list. YES NO

4) Have you noticed any changes in your vision? YES NO

If so, please describe which eye, severity, frequency, etc. _____

5) Do you have any symptoms of Dry Eye? YES NO

- Redness Burning Itching Feeling of sand or grit in eyes
- Discomfort Watering Tired eyes Fluctuation in vision
- How often do these symptoms occur? Almost never Rarely Sometimes Frequently

6) Do you take eye medications regularly? Please list frequency below. YES NO

7) Do you wear any aids to correct your vision? YES NO

- Glasses Readers Contact Lenses: Hard Lens Soft Lens RGP Other
- If yes, for how long have you worn them? _____

8) Have there been any changes in your general health in the last year? YES NO

9) Do you have any of the following health issues? YES NO

- Arthritis Rheumatoid Arthritis Hepatitis Liver Problems Thyroid Problems
- Immune Disorder (including AIDS, HIV, ARC) Lupus
- Hypertension Heart Disease Heart Failure
- Cancer Type: _____ Date(s) Treated: _____
- Diabetes: Controlled by diet Controlled by medicine Uncontrolled
- Other conditions (please list): _____

10) Have you been hospitalized or had surgeries in the last ten years? YES NO

11) Do you take medications regularly? Please list dosages below. YES NO

12) Do you have any medical allergies? Please list below. YES NO

13) What is your: Height _____ Weight _____

14) Do you use tobacco products? YES NO
How much per day/week? _____ Length of use: _____

15) Do you use alcohol products? YES NO
How much per day/week? _____ Length of use: _____

16) Do you have a family history of...
 Glaucoma Retinal Detachment Macular Degeneration Cataracts
 Diabetes Hypertension

Patient/Representative Signature

Date