QUINLAN
EYE SURGERY
& LASER CENTER

Health History

Have you been diagnosed or treated for the following? Please check the appropriate line for each

- ❑ AIDS or HIV related
- ❑ Angina
- ❑ Arthritis
- ❑ Cancer
- ❑ Diabetes
- ❑ Head or Spinal injuries
- ❑ Heart Disease
- ❑ High blood Pressure
- ❑ High cholesterol
- ❑ Kidney disease
- ❑ Lung or breathing problems
- ❑ Migraines/Headaches
- ❑ Psychiatric Disorder
- ❑ Seizures or fainting
- ❑ Stroke if yes, which side?
- ❑ Thyroid disease
- ❑ Other diagnosed health problems

_____

If any checked above, please explain here_____

_____

Family Doctor _____ When was your last visit? _____

Please list any other doctors you see and why you see them. _____

_____

Your Ocular History – Have you ever been told you have or been treated for any of the following:

- ❑ Cataracts
- ❑ Cataract Surgery
- ❑ Cornea Transplant
- ❑ Eye Injury
- ❑ Retinal Disease
- ❑ Retinal Surgery
- ❑ Any other unlisted problem

_____

Your signature _____ Today's Date _____

Reviewed & updated with patient:

Date: _____ Initial _____ Date: _____ Initial _____

Date: _____ Initial _____ Date: _____ Initial _____

Date: _____ Initial _____ Date: _____ Initial _____

Date: _____ Initial _____ Date: _____ Initial _____