**EYE CLINIC OF BELLEVUE, LTD, P.S.**
1300 116TH AVENUE N.E. • BELLEVUE, WA 98004

## MEDICAL PROBLEMS:

**<u>Circle</u> problems that you have had.**

None

Anxiety

Arthritis

Asthma

Atrial Fibrillation (Irregular Heartbeat)

Bone Marrow Transplantation

Benign Prostatic Hypertrophy (BPH)

Breast Cancer

Colon Cancer

Obstructive Pulmonary Disease (COPD)

Coronary Artery Disease

Depression

Diabetes

End Stage Renal Disease

Esophageal Reflux (GERD)

Hearing Loss

Hepatitis

Hypertension

HIV / AIDS

Hypercholesterolemia

Hyperthyroidism

Hypothyroidism

Leukemia

Lung Cancer

Lymphoma

Prostate Cancer

Radiation Treatment

Seizures

Stroke

Other

## PAST SURGERIES:

**<u>Circle</u> surgeries that you have had.**

None

Appendix (Appendectomy)

Bladder (Cystectomy)

Breast: Breast Biopsy

Breast: Lumpectomy: Right; Left; Both

Breast: Mastectomy: Right; Left; Both

Colon (Colectomy): Colon Cancer Surgery

Colon (Colectomy): Diverticulitis

Colon (Colectomy): Inflammatory Bowel Disease

Colon: Colostomy

Gallbladder (Cholecystectomy)

Heart: Biological Valve Replacement

Heart: Coronary Artery Bypass Surgery

Heart: Heart Transplant

Heart: Mechanical Valve Replacement

Heart: PTCA

Hip Replacement: Right; Left; Both

Knee Replacement: Right; Left; Both

Kidney: Kidney Biopsy

Kidney: Kidney Stone Removal

Kidney: Kidney Transplant

Kidney: Nephrectomy

Liver: Hepatectomy

Liver: Liver Transplant

Liver: Shunt

Ovaries (Oophorectomy) Endometriosis

Ovaries (Oophorectomy) Ovarian Cancer

Ovaries (Oophorectomy) Ovarian Cyst

Ovaries: Tubal Ligation

Pancreas: Pancreatectomy

Prostate (Prostatectomy) Prostate Biopsy

Prostate (Prostatectomy) Prostate Cancer

Prostate (Prostatectomy) Transurethral Resection (TURP)

Rectum: Anterior-Posterior Resection (APR)

Rectum: Low Anterior Resection

Skin: Basal Cell Carcinoma

Cheek with Mose procedure

Skin: Melanoma

Skin: Skin Biopsy

Skin: Squamous Cell Carcinoma

Spleen (Splenectomy)

Testicles (Orchiectomy)

Uterus (Hysterectomy) Fibroids

Uterus (Hysterectomy) Uterine Cancer

Uterus (Hysterectomy) Cervical Cancer

Other

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

## OCULAR HISTORY

**<u>Circle</u> problems that you have had.**

None

Allergic Conjunctivitis

Blepharitis

Cataract: Right: Left; Both

Contact Lenses: Right; Left; Both

Corneal Dystrophy: Right; Left; Both

Background Diabetic Retinopathy: Right; Left; Both

Proliferative Diabetic Retinopathy: Right; Left; Both

Dry Eyes

Glasses

Glaucoma: Right; Left; Both

Macular Degeneration: Right; Left; Both

Macular Membrane (ERM): Right; Left; Both

Narrow Angles: Right; Left; Both

Ocular Hypertension: Right; Left; Both

Ophthalmic Migraine

Pseudoexfoliation

Retinal Tear: Right; Left; Both

Strabismus

Vitreous Detachment: (PVD): Right; Left; Both

Vitreous Floaters: Right; Left; Both

Primary Care Physician Name and Phone #

_____

Height _____

Weight_____

## OCULAR SURGERY

**<u>Circle</u> surgeries that you have had.**

None

Blepharoplasty: Right; Left; Both

Cataract Surgery: Right; Left; Both

Corneal Transplant: Right; Left; Both

DSAEK Right; Left; Both

Eye Muscle Surgery: Right; Left; Both

Intravitreal Injections: Right; Left; Both

LASIK: Right; Left; Both

LPI Right; Left; Both

Laser glaucoma surgery (LTP): Right; Left; Both

Photo Refractive Keratoplasty (PRK): Right; Left; Both

Ptosis Repair: Right; Left; Both

Punctual Plugs: Right; Left; Both

Strabismus Surgery

Retinal Laser: Right; Left; Both

Trabeculectomy: Right; Left; Both

Tube Shunt: Right; Left; Both

Yag Capsulotomy: Right; Left; Both

Other _____

**I certify that the information on this form is complete and accurate:**

**Name:**

**Signature:**

**Date:**

## MEDICATION LIST: (Includes Drops)

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_____

## ALLERGIES (Including Medications):

_____

_____

_____

## SMOKING HISTORY (please circle):

Never

Smoked but has stopped

Smoking

## DAILY ALCOHOL CONSUMPTION (please circle):

NONE

< 1 Drink Daily 1-2 Drinks Daily

> 3 Drinks Daily_____ (please list)

## FAMILY HISTORY OF ILLNESSES:

**<u>Mother:</u>**

_____

_____

**<u>Father:</u>**

_____

_____

**<u>Brother/Sisters:</u>**

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