Chris Gualtieri, MD Eye Physician & Surgeon 3969 Fourth Ave San Diego, CA 92103

Patient Name: _____

PATIENT HISTORY FORM. Please complete the following form if you are a **new** patient or to **update** a previous chart, thank you.

MEDICAL HISTORY: Do you have or ever had? Circle all that apply

Asthma	Stomach ulcers	Paralysis
Emphysema	Acid reflux	Skin diseases
Cancers	Colon polyps or tumors	Hemophilia
Heart attack	Prostate enlargement	Bleeding problems
Angina	Rheumatoid Arthritis	Lupus
Heart by-pass	Osteoporosis	AIDS/HIV
Diabetes	Hepatitis	Menopause
High blood pressure	Liver failure	Nervous disorders
Kidney disease	Hearing loss	Migraines
Kidney dialysis	Stroke	Other?_____

EYE HISTORY: Do you have or ever had? Circle all that apply

Glasses/contacts	Glaucoma surgery	Crossed or lazy eyes
Cataracts	Macular degeneration	Eye trauma or injury
Cataract surgery	Diabetic eye disease	Laser eye surgery
Glaucoma	Vision loss	Refractive surgery
Corneal ulcers	Ocular rosacea	Retinitis pigmentosa
		Dry eye

SOCIAL HISTORY: Circle all that apply

Single Married Divorced Widowed Tobacco use Alcohol use Street drug use

FAMILY HEALTH: List any health or eye problems that run in the family

_____

_____

SURGICAL HISTORY: List all operations that you have had

_____

_____

MEDICATIONS: List all prescription & non-prescription medicines taken

_____

_____

_____

ALLERGIES: List medications or substances that you are allergic to and what happens if taken

_____

_____