

**Bala Ambati, MD**  
*Physician and Surgeon*  
**Scott A. Cherne, MD**  
*Physician and Surgeon*  
**Anthony Grillo, MD**  
*Physician and Surgeon*  
**Eric Niespodzany, MD**  
*Physician and Surgeon*



1125 Darlene Lane, Eugene OR 97401  
 Phone: 541-343-5000 Fax: 541-344-9478

**Robin Bautista, OD**  
*Optometric Physician*  
**Alexandria Jernberg, OD**  
*Optometric Physician*  
**Bradley J. Lorenzen, OD**  
*Optometric Physician*

## Medical & Ocular History Page 1 of 3

\_\_\_\_\_  
 Date Name of patient Date of birth

### Ocular History

- Have you had any changes in distance vision, like road signs?  Yes  No
- Any changes in near vision, like computer or reading distance?  Yes  No
- Any other changes in vision? \_\_\_\_\_
- Do you currently wear glasses?  Yes  No
- Do you currently wear contacts?  Yes  No
  - If no, have you ever tried?  Yes  No
- If you wear glasses, how old are the lenses? \_\_\_\_\_ How long since your last exam? \_\_\_\_\_

### Medications

Please list all ALLERGIES to substances/medications:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list all CURRENT MEDICATIONS, including any eye medications:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Surgery Information

Please list any surgeries you have had, including eye surgeries: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Personal Health

- Alcoholism  Yes  No
- Allergies  Yes  No
  - Hay Fever
  - Seasonal
  - Head allergy
- Arthritis  Yes  No
- Blood disorder  Yes  No
- Bronchitis  Yes  No
- Cancer  Yes  No
- Depression  Yes  No
- Diabetes  Yes  No
  - Since: \_\_\_\_\_
  - Type: \_\_\_\_\_
  - Insulin  Yes  No
- Drug Abuse  Yes  No
- Flu Shots  Yes  No
- Headaches  Yes  No
- Migraines  Yes  No
- Heart Attack  Yes  No
- Heart Disease  Yes  No

**Bala Ambati, MD**  
*Physician and Surgeon*  
**Scott A. Cherne, MD**  
*Physician and Surgeon*  
**Anthony Grillo, MD**  
*Physician and Surgeon*  
**Eric Niespodzany, MD**  
*Physician and Surgeon*



1125 Darlene Lane, Eugene OR 97401  
 Phone: 541-343-5000 Fax: 541-344-9478

**Robin Bautista, OD**  
*Optometric Physician*  
**Alexandria Jernberg, OD**  
*Optometric Physician*  
**Bradley J. Lorenzen, OD**  
*Optometric Physician*

### Medical & Ocular History Page 2 of 3

- High blood pressure  Yes  No
- High Cholesterol  Yes  No
- HIV/AIDS  Yes  No
- Joint pain  Yes  No
- Kidney disease  Yes  No
- Lung problems  Yes  No
- MS  Yes  No
- Nose (Sinus)  Yes  No
- Have you had two or more falls within the last two years resulting in injury?  Yes  No
- Pregnancy  Yes  No
- Seizures  Yes  No
- Stroke  Yes  No
- TB  Yes  No
- Throat (Dry Throat)  Yes  No
- Stomach ulcer  Yes  No
- Pneumonia vaccine (or shot)  Yes  No
- Other issues: \_\_\_\_\_

### FAMILY History

- Cancer  Yes  No
  - Who? \_\_\_\_\_
- Cardiovascular disease  Yes  No
  - Who? \_\_\_\_\_
- Diabetes  Yes  No
  - Who? \_\_\_\_\_
- Blindness  Yes  No
  - Who? \_\_\_\_\_
- Cataract  Yes  No
  - Who? \_\_\_\_\_
- Macular Degeneration  Yes  No
  - Who? \_\_\_\_\_
- Retinal Detachment  Yes  No
  - Who? \_\_\_\_\_
- Glaucoma  Yes  No
  - Who? \_\_\_\_\_
- Hypertension  Yes  No
  - Who? \_\_\_\_\_
- Stroke  Yes  No
  - Who? \_\_\_\_\_

### Social History

- Smoker  Yes  No
  - If yes, how many packs a day \_\_\_\_\_
- Recreational drug user  Yes  No
  - If yes, which? \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Alcohol  Yes  No
  - Daily
  - Weekly
  - Monthly

**Bala Ambati, MD**  
*Physician and Surgeon*  
**Scott A. Cherne, MD**  
*Physician and Surgeon*  
**Anthony Grillo, MD**  
*Physician and Surgeon*  
**Eric Niespodzany, MD**  
*Physician and Surgeon*



1125 Darlene Lane, Eugene OR 97401  
 Phone: 541-343-5000 Fax: 541-344-9478

**Robin Bautista, OD**  
*Optometric Physician*  
**Alexandria Jernberg, OD**  
*Optometric Physician*  
**Bradley J. Lorenzen, OD**  
*Optometric Physician*

## Medical & Ocular History Page 3 of 3

### Review of Systems

- Eyes
  - Previous Surgery  Yes  No
  - Contact Lens  Yes  No
  - Pain  Yes  No
  - Double Vision  Yes  No
  - Glaucoma  Yes  No
  - Cataracts  Yes  No
  - Macular Degeneration  Yes  No
  - Dry Eyes  Yes  No
  - Flashes  Yes  No
  - Floaters  Yes  No
- Ear, Nose, and Throat
  - Hard of Hearing  Yes  No
  - Ringing in Ears  Yes  No
  - Vertigo  Yes  No
- Cardiovascular
  - Chest Pain  Yes  No
  - Dizziness  Yes  No
  - Fainting Spells  Yes  No
  - Shortness of Breath  Yes  No
  - Irregular Heartbeat  Yes  No
  - Difficulty Laying Flat  Yes  No
- Constitutional
  - Fatigue/Weakness  Yes  No
  - Fever  Yes  No
  - Weight Gain/Loss  Yes  No
- Respiratory
  - Cough  Yes  No
  - Congestion  Yes  No
  - Wheezing  Yes  No
  - Asthma  Yes  No
- Gastrointestinal
  - Heartburn  Yes  No
  - Nausea/Vomiting  Yes  No
  - Jaundice/Hepatitis  Yes  No
- Genito-Urinary
  - Pain/Difficulty  Yes  No
  - Blood in Urine  Yes  No
  - History of Kidney Stones  Yes  No
  - History of STDs  Yes  No
- Psychiatric
  - Anxiety/Depression  Yes  No
  - Mood Swings  Yes  No
  - Difficulty Sleeping  Yes  No
- Endocrine
  - Increased Thirst  Yes  No
  - Increased Hunger  Yes  No
  - Increased Urination  Yes  No
  - Increased Sweating  Yes  No
  - Fingernail Changes  Yes  No
- Blood/Lymph nodes
  - Easy Bruising  Yes  No
  - Gums Bleed Easily  Yes  No
  - Prolonged Bleeding  Yes  No
  - Heavy Aspirin Use  Yes  No
- Musculoskeletal
  - Stiffness  Yes  No
  - Arthritis  Yes  No
  - Joint Pain/Swelling  Yes  No
- Skin
  - Rash/Sores  Yes  No
  - Lesions  Yes  No
  - Hives/Eczema  Yes  No
- Neurological
  - Seizures  Yes  No
  - Weakness/Paralysis  Yes  No
  - Numbness  Yes  No
  - Tremors  Yes  No
- Immunologic
  - Hives  Yes  No
  - Itching  Yes  No
  - Runny Nose  Yes  No
  - Sinus Pressure  Yes  No