Patient Health History Form

James T. Finegan, Jr., M.D. KelleAyers, O.D.

236 Roseberry Street
Phillipsburg, NJ 08865

THIS INFORMATION IS CONFIDENTIAL

Past Ocular History

Disorders		Eye Surgeries/Date
Cataracts	Y / N	_____
Glaucoma	Y / N	_____
Macular Degeneration	Y / N	_____
Floaters or Flashes	Y / N	_____
Retinal Tear/Detachment	Y / N	_____
Crossed Eyes/Lazy Eye	Y / N	
Eye Trauma	Y / N	**Eye Medications**
Eye Infections	Y / N	_____
Dry Eye/Sjogrens	Y / N	_____
Lid Droop	Y / N	_____
Blocked Tear Duct	Y / N	_____
Contact Lenses	Y / N	_____

Type of Contacts: _____

Past Medical History

Disorders

Diabetes Type I or Type II	Y / N	Emphysema	Y / N
		Tuberculosis	Y / N
Hypertension	Y / N	Kidney Disease/Stones	Y / N
Coronary Artery Diease	Y / N	Liver Disease	Y / N
Heart Attack/Angina	Y / N	Thyroid Disease	Y / N
Congestive Heart Failure	Y / N	Sinusitis/Allergies	Y / N
Arrhythmia/AFib	Y / N	Hepatitis/HIV/Herpes	Y / N
Heart Blockage	Y / N	Neurologic disorders	Y / N
Asthma	Y / N	Migraines/Seizures	Y / N
Arthritis	Y / N	Anemia	Y / N
Rheumatoid Arthritis	Y / N	Elevated Cholesterol	Y / N

Past Medical Surgeries/Date

_____
_____
_____
_____
_____
_____
_____
_____

Current Medications

_____
_____
_____
_____
_____
_____
_____
_____

Drug Allergies

Penicillin	Y / N	Reaction _____
Sulfa	Y / N	Reaction _____
Iodine/Betadine	Y / N	Reaction _____
Eggs/Shellfish	Y / N	Reaction _____
Novocaine ETC.	Y / N	Reaction _____
IV Dye	Y / N	Reaction _____
Adhesive Tape	Y / N	Reaction _____
Latex	Y / N	Reaction _____
Erythromycin	Y / N	Reaction _____

Other Drug Allergies:

_____ Reaction _____
_____ Reaction _____

Social History

Occupation: _____ Marital Status: _____

Alcohol use: Daily/Social/None Recreational Drugs: Y / N

Any tobacco use: Current/Former/None
How much per day: _____

Pharmacy Name/Phone: _____

Mail order Pharmacy: _____

Family History

Ocular		Medical	
Glaucoma	Y / N	Diabetes	Y / N
Macular Degeneration	Y / N	Cancer	Y / N
Retinal Disease	Y / N	Heart Disease	Y / N
Lazy Eye	Y / N	Hypertenison	Y / N
Other: _____		Other:_____	

Review of Systems

Ocular		Cardiovascular	
Blurry Vision	Y / N	Chest Pain	Y / N
Double Vision	Y / N	Dizziness	Y / N
Pain	Y / N	Fainting Spells	Y / N
Halos	Y / N	Shortness of breath	Y / N
Foreign Body Sensation	Y / N	Irregular Heartbeat	Y / N
Burning/Itching	Y / N	Difficulty Lying Flat	Y / N
Discharge	Y / N		
Light Sensitivity	Y / N	Psychiatric	
Floaters/Flashes	Y / N	Anxiety/Depression	Y / N
Tearing	Y / N	Mood Swings	Y / N
Ear, Nose and Throat		Respiratory	
Hard of Hearing	Y / N	Cough	Y / N
Ringing in Ears	Y / N	Congestion	Y / N
Vertigo	Y / N	Wheezing	Y / N
		Asthma	Y / N
Constitutional			
Fatigue/Weakness	Y / N	Gastrointestinal	
Fever	Y / N	Heartburn	Y / N
Weight Gain/Loss	Y / N	Nausea/Vomiting	Y / N
		Jaundice/Hepatitis	Y / N
Skin			
Rash/Sores	Y / N	MusculoSkeletal	
Lesions	Y / N	Stiffness	Y / N
Hives/Eczema	Y / N	Arthritis	Y / N
Cancer	Y / N	Joint Pain/Swelling	Y / N

Review of Systems Continued

Genito-Urinary

Pain/Difficult	Y / N
Blood in Urine	Y / N
Kidney Stones	Y / N
History of STD's	Y / N
History of Flomax	Y / N
History of Rapaflo	Y / N

Endocrine

Increased Thrist	Y / N
Increased Hunger	Y / N
Increased Urination	Y / N
Increased Sweating	Y / N
Fingernail Changes	Y / N
History of Jalyn use	Y / N

Immunologic

Runny Nose	Y / N
Sinus Pressure	Y / N
Fever	Y / N

Blood/Lymphnodes

Bruises Easily	Y / N
Gums Bleed Easily	Y / N
Prolonged Bleeding	Y / N
Heavy Asprin Use	Y / N
Anemia	Y / N

Neurological

Seizures	Y / N
Weakness/Paralysis	Y / N
Numbness	Y / N
Tremors	Y / N