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 Jefferson Hills, PA 15025
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Thomas F Findlan D.O.
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MEDICAL HISTORY

Patient name _____ Age _____ Height _____ Weight _____

Referring Physician: _____ Date: ____/____/____

CHECK MAJOR ILLNESSES AND SURGERIES

EYE HISTORY	YES	NO	MEDICAL HISTORY	YES	NO
Cataract			Anesthesia Complications		
Double Vision			Arthritis		
Glaucoma			Asthma /Breathing Problems		
Lazy Eye			Atrial Fibrillation		
Macular Degeneration			Bleeding Disorder		
Retinal Detachment			Cancer		
Other Eye Conditions			Diabetes		
			Emphysema / Chronic Bronchitis		
			Heart Disease		
EYE SURGERY			High Blood Pressure		
Cataract RT / LT			Hepatitis		
Retinal Detach. RT / LT			Kidney Disease / Dialysis		
Laser Surgery RT / LT			Pacemakers		
Previous Eye Surgeon			Seizures		
Other			Stroke		
			Other		

FAMILY HISTORY, PLEASE CHECK

DISEASE	YES	NO	RELATIONSHIP
Blindness			
Glaucoma			
Arthritis			
Cancer			
Diabetes			
Other			

WITH GLASSES DO YOU HAVE DIFFICULTY WITH ANY OF THE FOLLOWING?	YES	NO
Reading Small Print (medicine bottles, telephone books)		
Reading Newspapers or Books		
Seeing Steps, Stairs or Curbs		
Doing Fine Hand Work (sewing, knitting or carpentry)		
Playing Games (bingo, dominos or card games)		
Playing Sports Activities (bowling, handball, tennis or golf)		
Watching Television		
Nighttime or Daytime Driving		

Other side

LIST ALL CURRENT MEDICATIONS TAKEN / HOW OFTEN / DOSAGE	LIST ALL CURRENT MEDICATIONS TAKEN / HOW OFTEN / DOSAGE

SPECIAL NEEDS ASSESSMENT	
N/A	y / n
Hearing Impaired	y / n
Language barrier, speaks	Interpreter y / n
Wheelchair bound	y / n Uses cane y / n Walker y / n
Memory loss	y / n
Nursing Home Patient, resident of:	
Other	

DESCRIBE RECENT SURGERIES, PROCEDURES OR HOSPITALIZATIONS:

ALLERGIES	YES	NO	DESCRIBE ALLERGIC REACTION	SOCIAL HISTORY	YES	NO
Penicillin				Tobacco Use		
Sulfa				Alcohol Use		
Aspirin				Exercise		
Codeine				Currently Employed		
Dust & Pollens				Do you Drive		
Animals				Do you live alone		
Latex						
Other						

FOR MEDICAL OFFICE USE ONLY - HISTORY REVIEWED AND UPDATED			
Date	Initials	Date	Initials