Social History:

Do you use Tobacco products now? Yes / No

How long have you used tobacco products?______Amount of tobacco products per day?_____

If you have stopped using tobacco products, how long ago did you quit?__________

Doctor wants you to know that :

Tobacco use triples your chance of having Cataracts and Macular degeneration.

Doctor recommends counseling or pharmaceutical intervention if you are interested in no longer using tobacco products.

Do you drink alcohol? Yes / No Social ☐ 1 – 2 daily ☐ above average use☐

Family Medical History

Any health problems for blood related family members? If yes indicate relationship to patient .

(example: mother, paternal grandfather, uncle, brother)

Diabetes Yes/No ______________________ __________________________

High Blood Pressure Yes/No ______________________ __________________________

Macular Degeneration Yes/No ______________________ __________________________

Cataracts Yes/No ______________________ __________________________

Glaucoma Yes/No ______________________ __________________________

Color Deficiency Yes/No ______________________ __________________________

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Primary Care Physician _________________________City_____________phone__________

List any eye surgeries____

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Patient's Signature____date__________

Patient Reviewed date_______ Initials______ Patient Reviewed date______ Initials_____

Patient Reviewed date_______ Initials ______ Patient Reviewed date ______ Initials ____