

**WANDA PAK, M.D., P.C.**  
**Ophthalmology, Ophthalmic Surgery, Refractive Surgery**

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>Past Medical History</b>	<b>Past Eye History</b>
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- NONE
- High Blood Pressure \_\_\_\_\_
- Heart Disease \_\_\_\_\_
- Insulin Dependent Diabetes \_\_\_\_\_
- Non-Insulin Dependent Diabetes \_\_\_\_\_
- Thyroid Disease \_\_\_\_\_
- AIDS/HIV+ \_\_\_\_\_
- Others \_\_\_\_\_

- NONE
- Cataracts \_\_\_\_\_
- Glaucoma \_\_\_\_\_
- Diabetic Eye Disease \_\_\_\_\_
- Macular Degeneration \_\_\_\_\_
- Crossed Eyes \_\_\_\_\_
- Corneal Disease \_\_\_\_\_
- Others \_\_\_\_\_

<b>Past Surgical History</b>	<b>Past Eye Surgery or Laser Surgery</b>
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- NONE \_\_\_\_\_ Dates \_\_\_\_\_
- \_\_\_\_\_

- NONE \_\_\_\_\_ Dates \_\_\_\_\_
- \_\_\_\_\_

<b>Medications</b>	<b>Eye Drops or Eye Ointment</b>
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- NONE
- Aspirin, Ibuprofen or Blood Thinners \_\_\_\_\_
- Others \_\_\_\_\_

- NONE
- \_\_\_\_\_
- \_\_\_\_\_

<b>Medication Allergies</b>	<b>Eye Drop or Eye Ointment Allergies</b>
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- NONE
- Penicillin \_\_\_\_\_
- Other \_\_\_\_\_

- NONE
- \_\_\_\_\_

<b>Family Medical History</b>	<b>Family Eye History</b>
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- NONE \_\_\_\_\_ Relationship \_\_\_\_\_
- Heart Disease \_\_\_\_\_
- High Blood Pressure \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Stroke \_\_\_\_\_
- Cancer \_\_\_\_\_

- NONE \_\_\_\_\_ Relationship \_\_\_\_\_
- Cataracts \_\_\_\_\_
- Glaucoma \_\_\_\_\_
- Diabetic Eye Disease \_\_\_\_\_
- Macular Degeneration \_\_\_\_\_
- Crossed Eyes \_\_\_\_\_

<b>Social History</b>	<b>Eye Review of Systems</b>
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- Occupation \_\_\_\_\_
- Alcohol Use  Heavy  Social  Occasional  None
- Tobacco Use \_\_\_\_\_  None
- Illegal Drugs \_\_\_\_\_  None

- Dry Eyes \_\_\_\_\_
- Light Sensitivity \_\_\_\_\_
- Poor Night Vision \_\_\_\_\_
- Other \_\_\_\_\_

<b>Review of Systems</b>	
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- NONE, I feel healthy
- General**  Fever  Weight Loss/Gain
- Ears, Nose & Throat**  Loss of Hearing  Ringing
- Cardiovascular**  Chest pain  Irregular Heart Beat
- Respiratory**  Shortness of breath  Wheezing
- Gastrointestinal**  Stomach pain  Diarrhea
- Genitourinary**  Blood in Urine  Pain on urination

- Musculoskeletal**  Muscle Aches  Joint Pain
- Skin**  Rash  Dryness
- Neurological**  Weakness  Numbness  Paralysis
- Psychiatric**  Depression  Anxiety  Delusions
- Endocrine**  Hormone Imbalance
- Hematological/Lymphatic**  Bleeding  Blood Transfusion
- Allergic/Immunologic**  Hives

**I have reviewed this form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Wanda Pak, M.D.