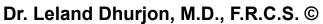
## **NEW PATIENT HISTORY**

Dr. Chris Francis, M.D., F.R.C.S. (C)





Dr. Bhambhwani M.B.B.S., M.S., D.N.B., F.P.O.S.

Who is your referring physician/optometrist and/or family doctor?
In a few words, describe your chief concern regarding your eyes;
HISTORY (PLEASE CHECK/CIRCLE ANY THAT APPLY)
THOTORY (FEEAGE ONEONOIROLE ART THAT AFFET)
EYE Loss or blurred vision ( ) Loss of side vision/Double vision ( ) Gritty, dry or tearing eyes ( )
Itching/burning/redness/discharge ( ) Lazy Eye (poor vision in one eye ( ) Cataracts ( )
Glare/Light sensitive or Halos ( ) Eye pain or soreness ( ) Strabismus (in/out turning eye ( )
Infection of eyelashes, lids or styes ( ) Glaucoma ( ) Macular Degeneration ( ) Floaters ( )
Flashing Lights ( ) Migraines ( ) Eye Surgeries/ Eye Laser / Eye Trauma ( )
Other ( )
OTHER Cardiovascular (heart/blood vessels) ( ) High Blood Pressure ( ) High Cholesterol ( )
Thyroid Condition ( ) Asthma/ Breathing/ Lung Condition ( ) Cancer ( ) Stroke ( )
Recent Surgeries (not eye related) ( ) Other ( )
Diabetes ( ) How many years ( ) Insulin ( ) Pills ( ) Diet ( )
Allergies
Current Medications
FAMILY HISTORY Glaucoma ( ) Macular Degeneration ( ) Other eye conditions ( )