Date:_______________

Name:____ Phone:____

Age:________________ Marital Status: Single Married Divorced Widowed

Race/Ethnicity:_____________________

Place of Employment:____ Position_________________________

Primary Care Doctor:____ Phone:___________________________

Please list any prior eye diseases and/or surgeries: ____

____

Are you having any problems with your eyes?________________________________

Do you or any of your family any history of the following eye diseases:

Macular Degeneration Yes__________ No__________

Glaucoma Yes__________ No__________

Other:____

Please list any medical conditions and any surgical history:____

____

Allergies:_______________________________***Are you allergic to fluorescein?*** Yes________ No:__________

Please list any medications you are currently taking:____

____

Do you have problems with any of the following: If yes, please explain where applicable.

Fever	Yes________________	No__________
Weight Loss	Yes________________	No__________
Cardiovascular	Yes________________	No__________
High Blood Pressure	Yes________________	No__________
Ear/Nose/Throat	Yes________________	No__________
Endocrine (ie: Diabetes)	Yes________________	No__________
Respiratory	Yes________________	No__________
GI	Yes________________	No__________
Muscular/Skeletal	Yes________________	No__________
Skin	Yes________________	No__________
HIV	Yes________________	No__________
TB	Yes________________	No__________

Do you smoke? Yes_________ No__________ If so, packs per day:________Years Smoking:_____________

Do you drink? Yes__________ No__________ Socially____________ Drinks per day:______________

For Insurance: I authorize the release of any medical or pertinent information necessary to process my claim. I authorize payment of medical benefits to Marie R. Levine OD. The Levine Eye Center's notice of privacy practices are available for your review. I understand that I am responsible for any charges not covered by my insurance plan

Signature:____ Date:____________________

(Parent if Patient is a Minor)