## Blake J. Hoffman, OD Main Street Vision Center 2204 M St. Belleville, KS 66935

## **Medical History Questionnaire**

Name:	Preferred 1	Name:	Date of Bir	th:/
Social Security #:	Email:			
Address:	City:		_ State:2	Zip:
Home #: Ce	:11 #:			
Social Security #:	Occupation:		Work #: _	<u> </u>
If you are currently in a Care Faci If you are currently a student, whi	lity, please list which one:			
If you are currently a student, whi	ch grade are you in:	Which school do you	attend:	
<b>Preferred Language:</b> English	/ Spanish / Other:			
Race: White / Hispanic /	Asian / African Ar	nerican / Other:		
Ethnicity: Not Hispanic/Lati	ino / Latino/Hispanic	/ Other:		
Communication Preference: F	English / Spanish /	Other:		
Previous Eye Doctor ( <i>if applicable</i> Primary Physician:  Emergency contact:	e):	Last Eye Exam Date (with	h another docto	r):
Primary Physician:	La	st Physical Date:		/
Emergency contact:	Relatio	onship to you:	Phone#:	
Referred by:				
OFFICE DAVMI	ENT POLICY. Days	nent is due at time of	fsamica	
OFFICE PATIVI	ENT FOLICT: Fayn	neni is aue ai ame oj	service	
Name of person responsible for bi	lling:		Phone #:	
Method of Payment: Cash /	Check / Credit Card	d / Debit Card		
,				
		NFORMATION		
Please list <b>all</b> insurance compan				
will be covered	. Charges not covered by it	nsurance will be due <b>at the</b>	time of service	'•
Please circle your Primary carrier: Secondary carrier: Medicare <b>Do you have vision insurance?</b> If yes, please circle which one: V	/ BCBS / Medica Yes / No	aid / Other:		_
	PATIENT EYEWE	AR INFORMATION		
EYEGLAS	CEC	CONT	TACT LENSES	
	Yes No			No
Do you wear eyeglasses? Are you interested in new frames		Do you wear contact lense Are your contacts comfort		
1				
Are you interested in new lenses		Type of contacts you wear Extended-Wear		
Are you interested in sunglasses?	Yes No	Extended-wear	/ Other:	
	SOCIAL	HISTORY		
Do you drive? Yes / No	If yes, do you have dif	ficulty driving? Yes	/ No	
If yes, explain:	9 9 9	2.0 0.00 0.00 0.00 0.00 0.00 0.00 0.00	,	
	/ Previous Smoker /	Everyday Smoker / S	Smokeless Toba	acco User
Do you drink alcohol? Yes /		often do you consume alco		
Do you use illegal drugs? Yes	/ No If yes, what	type/how long:		
Are you pregnant? Yes /	No If yes, what	far along are you?		
Are you nursing? Yes /	No nyes, now			
Have you been exposed to or inf		/ HEPATITIS / S	SYPHILIS /	GONORRHEA
	OTHER:	, 1111111111111111111111111111111111111		

## MEDICAL HISTORY

		R MEDICATIONS ME	DICATION ALLERGIES	
	PATIENT MEDICA			
Please note the members of		AL/OCULAR HISTORY: al grandmother) who have had th	he following conditions:	
FAMILY MEDICAL HISTORY		FAMILY OCULAR HISTORY		
Arthritis Cancer		Blindness Cataracts		
		Cataracts		
abetes		Diabetic Retinopathy		
Heart Disease		Glaucoma		
ligh Blood Pressure		Macular Degeneration		
adney Disease		Strabismus/Eye Turn		
lioke		Allibiyopia/Lazy Eye		
hyroid Disease		Retinal Disorders		
Other		Other		
IN THE	PAST 2-3 WEEKS,	have you had any of the follow	wing:	
CCULAR	leart Murmur	have you had any of the follow	wing: RheumatoidArthritis	
CCULARH _Burning sensationH	leart Murmur High Blood Pressure	Hiatal Hemia Pancreatitis	RheumatoidArthritisScoliosis	
CCULARH _Burning sensationH _Distorted/blurredvisionS	Heart Murmur High Blood Pressure Stroke	Hiatal Hemia Pancreatitis StomachUlcer	RheumatoidArthritisScoliosis NEUROLOGICAL	
CCULAR _Burning sensationF _Distorted/blurredvisionS _Double vision CON	Heart Murmur High Blood Pressure Stroke ISTITUTIONAL	Hiatal HemiaPancreatitisStomachUlcer GENITOURINARY	RheumatoidArthritisScoliosis NEUROLOGICALBell's Palsy	
CCULAR _Burning sensationH _Distorted/blurredvisionS _Double visionCON _DrynessC	Heart Murmur High Blood Pressure Stroke ISTITUTIONAL Dizziness	Hiatal HemiaPancreatitisStomachUlcer GENITOURINARYBladderInfections	RheumatoidArthritis Scoliosis NEUROLOGICAL Bell's Palsy Brain tumor	
CCULAR _Burning sensationH _Distorted/blurredvisionS _Double visionCON _DrynessC _Eye pain/sorenessE	Heart Murmur High Blood Pressure Stroke ISTITUTIONAL	Hiatal HemiaPancreatitisStomachUlcer GENITOURINARYBladderInfectionsCancer: Prostate / OvarianEctopic Pregnancy	RheumatoidArthritisScoliosis NEUROLOGICALBell's Palsy	
CCULAR  _Burning sensation _Distorted/blurredvision _Double vision _Dryness _Eye pain/soreness _Eye strain _Flashes	Heart Murmur High Blood Pressure Stroke ISTITUTIONAL Dizziness Excessive Thirst Excessive Urination Fainting	Hiatal HemiaPancreatitisStomachUlcer GENITOURINARYBladderInfectionsCancer: Prostate / OvarianEctopic PregnancyKidney Stones	RheumatoidArthritisScoliosis NEUROLOGICALBell's PalsyBrain tumorCerebral PalsyEpilepsyHeadaches	
CCULAR  _Burning sensation _Distorted/blurred vision _Double vision _Dryness _Eye pain/soreness _Eye strain _Flashes _FloatersFloatersFI _Burning sensationF _FloatersF	leart Murmur ligh Blood Pressure stroke USTITUTIONAL Dizziness excessive Thirst excessive Urination fainting	Hiatal Hernia Pancreatitis StomachUlcer GENITOURINARY BladderInfections Cancer: Prostate / Ovarian Ectopic Pregnancy Kidney Stones Ovarian Cyst	RheumatoidArthritis Scoliosis NEUROLOGICAL Bell's Palsy Brain tumor Cerebral Palsy Epilepsy Headaches Migraines	
CCULAR  Burning sensation  Distorted/blurred vision  Double vision  CON  Dryness  Eye pain/soreness  Eye strain  Flashes  Floaters  Foreign body  L  H  CON  CON  CON  Eye pain/soreness  Eye strain  E  Floaters  Foreign body	Heart Murmur ligh Blood Pressure stroke USTITUTIONAL Dizziness excessive Thirst excessive Urination ainting ever attigue	Hiatal Hernia Pancreatitis StomachUlcer GENITOURINARY BladderInfections Cancer: Prostate / Ovarian Ectopic Pregnancy Kidney Stones Ovarian Cyst Prostate Disorder	RheumatoidArthritis Scoliosis NEUROLOGICAL Bell's Palsy Brain tumor Cerebral Palsy Epilepsy Headaches Migraines Muscular dystrophy	
CCULAR  Burning sensation  Distorted/blurredvision  Double vision  CON  Dryness  Eye pain/soreness  Eye strain  Flashes  Floaters  Foreign body  Glare/light sensitivity	leart Murmur ligh Blood Pressure stroke USTITUTIONAL Dizziness excessive Thirst excessive Urination fainting	Hiatal Hernia Pancreatitis StomachUlcer GENITOURINARY BladderInfections Cancer: Prostate / Ovarian Ectopic Pregnancy Kidney Stones Ovarian Cyst	RheumatoidArthritis Scoliosis NEUROLOGICAL Bell's Palsy Brain tumor Cerebral Palsy Epilepsy Headaches Migraines	
CCULAR  Burning sensation  Distorted/blurredvision  Double vision  CON  Dryness  Eye pain/soreness  Eye strain  Flashes  Floaters  Foreign body  Glare/light sensitivity  Itching  Loss of vision  Left Head Proceedings of the part of th	Heart Murmur High Blood Pressure Stroke STITUTIONAL Dizziness Excessive Thirst Excessive Urination Fainting Ever Fatigue Hausea S, NOSE, THROAT Chronic Cough	Hiatal HerniaPancreatitisStomachUlcer GENITOURINARYBladderInfectionsCancer: Prostate / OvarianEctopic PregnancyKidney StonesOvarian CystProstate Disorder HEMATOLOGICAL/LYMPHATICAnemiaBreast Cancer	RheumatoidArthritis Scoliosis NEUROLOGICAL Bell's Palsy Brain tumor Cerebral Palsy Epilepsy Headaches Migraines Muscular dystrophy Multiple Sclerosis Parkinson's Disease Seizures	
CCULAR  Burning sensation  Distorted/blurredvision  Doryness  Eye pain/soreness  Eye strain  Flashes  Floaters  Foreign body  Glare/light sensitivity  Itching  Loss of vision  Mucousdischarge	Heart Murmur High Blood Pressure Stroke  STITUTIONAL Dizziness Excessive Thirst Excessive Urination Fainting Fever Fatigue  Jausea  S, NOSE, THROAT Chronic Cough Dry Mouth	Hiatal HerniaPancreatitisStomachUlcer GENITOURINARYBladderInfectionsCancer: Prostate / OvarianEctopic PregnancyKidney StonesOvarian CystProstate Disorder HEMATOLOGICAL/LYMPHATICAnemiaBreast CancerBlood Clots	RheumatoidArthritis Scoliosis NEUROLOGICAL Bell's Palsy Brain tumor Cerebral Palsy Epilepsy Headaches Migraines Muscular dystrophy Multiple Sclerosis Parkinson's Disease Seizures Trigeminal Neuralgia	
CCULAR  Burning sensation  Distorted/blurredvision  Double vision  Dryness  Eye pain/soreness  Eye strain  Flashes  Floaters  Foreign body  Glare/light sensitivity  Itching  Loss of vision  Mucous discharge  Redness	Heart Murmur High Blood Pressure Stroke USTITUTIONAL Dizziness Excessive Thirst Excessive Urination Fainting Fever Fatigue Jausea S, NOSE, THROAT Chronic Cough Dry Mouth Ear Infections	Hiatal HerniaPancreatitisStomachUlcer GENITOURINARYBladderInfectionsCancer: Prostate / OvarianEctopic PregnancyKidney StonesOvarian CystProstate Disorder HEMATOLOGICAL/LYMPHATICAnemiaBreastCancerBlood ClotsBleeding problems	RheumatoidArthritis Scoliosis NEUROLOGICAL Bell's Palsy Brain tumor Cerebral Palsy Epilepsy Headaches Migraines Muscular dystrophy Multiple Sclerosis Parkinson's Disease Seizures Trigeminal Neuralgia PSYCHIATRIC	
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