



Tal Raviv, MD, FACS
Cataract and Refractive Surgery
Comprehensive Ophthalmology

Name _____ Date _____

What is your main reason for coming to the eye doctor?

Do you have (or have you had) any of these EYE conditions? Please circle or check:

- | | | |
|--------------------------|----------------------------|-------------------------|
| Glaucoma | Dry Eye | Retinal Detachment |
| Cataract | Eye Allergies | Macular Degeneration |
| Lazy Eye (Amblyopia) | Keratoconus | Eye Injury |
| Crossed Eye (Strabismus) | Eye Inflammation (uveitis) | Laser Vision Correction |

Have you had any eye surgery, laser, or procedures? Yes _____ No _____ If yes, please list:

Other Eye Conditions or History?

Do you currently wear contacts? Yes ___ No ___ if yes, last worn _____

Do you have (or have your had) any of these medical problems? Please circle or check:

- | | | |
|---------------------|---------------------------------|------------------------|
| Diabetes | Kidney Disease | Liver Disease |
| High Blood Pressure | Prostate | HIV |
| High Cholesterol | Arthritis | Stroke |
| Heart Disease | Rheumatic Condition (ie. Lupus) | Seizure |
| Irregular Heartbeat | Dermatologic Condition | Asthma / Emphysema |
| Pacemaker | Thyroid | Neurological Condition |
| Anemia | Cancer | Psychiatric Condition |
| Bleeding disorder | Gastro Intestinal? | Sickle Cell |

Do you have any other illness or medical conditions? If yes please list:

Family history of any eye problems?

Please list current Medications (or attach):

Current Eye Drops:

Are you allergic to any medications? Yes ___ No ___ If yes, please list: