CASE HISTORY

		CASE HISTORY					
a. DATE OF THE LAST EXAM	ATE OF THE LAST EXAM DILATED?		a. DATE OF THE LAST EXAM		DILATED?		
b. REASON FOR THIS EXAM:	NOT SEEING WELL HEADACHE	b. REASON FO	R THIS EXAM: _	NOT SEEING	WELL	HEADACHE	
EYE STRAIN	OTHER	EYE S	TRAIN _	OTHER			
c. ARE YOU INTERESTED IN: HAVE YOU EVER WORN:		c. ARE YOU IN ⁻ HAVE YOU E	TERESTED IN: . VER WORN:	GLASSES GLASSES		CONTACTS CONTACTS	
d. LIST ANY HOBBIES THAT REC	QUIRE SPECIFIC VISUAL REQUIREMENTS:	d. LIST ANY HO	BBIES THAT R	REQUIRE SPECIFIC	VISUAL REQU	JIREMENTS:	
e. HOW OFTEN DO YOU USE A C	e. HOW OFTEN	e. HOW OFTEN DO YOU USE A COMPUTER?					
f. HAVE YOU EVER HAD DIFFICU ADJUSTING TO PRESCRIPTION		f. HAVE YOU EVER HAD DIFFICULTY ADJUSTING TO PRESCRIPTION CHANGES? YES NO					
MI		MEDICAL HISTORY					
a. HAVE YOU EVER HAD AN EYE OR EYE OPERATION?	EINJURY, EYE INFECTION, EYE DISEASE	a. HAVE YOU E OR EYE OPE		EYE INJURY, EYE IN	FECTION, EYI	E DISEASE	
NO YES / EXPLAIN	!	NO YES / EXPLAIN					
b. DO YOU HAVE A FAMILY HIST	ORY OF:	b. DO YOU HA\					
(CIRCLE YES OR NO)	(CIRCLE	(CIRCLE YES OR NO) (FAMILY HISTORY)					
·	ETES	•	-	ABETES		-	
YES NO HIGH	BLOOD PRESSURE	YES	NO HIG	GH BLOOD PRESSU	JRE		
	RACTS	YES	NO CA	TARACTS			
	COMA	YES	NO GL	AUCOMA			
YES NO MACU	JLAR DEGENERATION	YES		MACULAR DEGENERATION			
YES NO RETIN	NAL DETACHMENT	YES	NO RE	RETINAL DETACHMENT			
YES NO ALLER	RGIES	YES	NO ALI	LERGIES			
	CATION ALLERGIES	YES		DICATION ALLERG			
YES NO OTHE	R	YES	NO OT	HER			
c. HOW IS YOUR PRESENT HEAI	LTH? GOOD FAIR POOR	c. HOW IS YOU	IR PRESENT HE	EALTH? GOO	D FAIR	POOR	
d. ARE YOU TAKING ANY PRESC	CRIPTION DRUGS? YES NO	d. ARE YOU TA	KING ANY PRE	SCRIPTION DRUGS	3? YES	NO	
NAME OF DRUGS:	NAME (NAME OF DRUGS:					
	FOBACCO?YESNO			S / TOBACCO?		NO	
	YES NO					NO	