



Medical History Questionnaire

William F. Pittenger, Jr., OD

NAME: _____ DOB: _____

Doctor of Optometry: University of Alabama School of Optometry, 1983

LAST EYE EXAM: _____ NAME OF EYE DOCTOR: _____

Past President: North Alabama Optometric Society

HEIGHT: _____ WEIGHT: _____

Member: American Optometric Association, Alabama Optometric Association, North Alabama Optometric Society

ARE YOU CURRENTLY: PREGNANT NURSING NEITHER NOT APPLICABLE

DO YOU WEAR:

GLASSES RIGID GAS PERMEABLE CONTACTS SOFT CONTACTS

Comprehensive care for clear, healthy vision:

* Medical Optometry

IF YOU WEAR CONTACTS, DO YOU:

REPLACE DAILY REPLACE BI-WEEKLY REPLACE MONTHLY REPLACE YEARLY

SLEEP IN CONTACTS (HOW LONG) _____

* State-of-the-art eye exams

NAP IN CONTACTS (HOW LONG) _____

* Certified technicians

SMOKING STATUS:

* Certified opticians

CURRENT EVERY DAY SMOKER CURRENT SOME DAY SMOKER FORMER SMOKER

* Full-service dispensary

NEVER SMOKER SMOKER, CURRENT STATUS UNKNOWN 12 YEARS OR YOUNGER

* Over 1,000 frames

* The latest lens technologies

SOCIAL HISTORY:

* Complete contact lens selection

NO ALCOHOL USE SOCIAL DRINKER ALCOHOL ABUSE RECREATIONAL DRUG USE

Diagnosis of many conditions, including:

* Glaucoma

DEVELOPMENT HISTORY:

* Diabetic retinopathy

AGE APPROPRIATE SOCIAL DEVELOPMENT

* Cataracts

NORMAL DELIVERY AND BIRTH

* Macular degeneration

DEVELOPMENTAL DELAYS (LIST) _____

* Retinal tears and detachments

COMPLICATIONS DURING DELIVERY (LIST) _____

SURGICAL HISTORY:

Advanced solutions for:

EYE SURGERY (LIST) _____

* Irritated, tearing or dry eye

EYE INJURY (LIST) _____

* Eye allergies

ANGIOPLASY BASAL CELL CARCINOMA REMOVAL

* Eye infections

BLOOD TRANSFUSION BONE MARROW TRANSPLANT

* Foreign bodies

BYPASS HEART SURGERY CHEMOTHERAPY

HYSTERECTOMY GALL BLADDER REMOVED

KIDNEY TRANSPLANT KNEE REPLACEMENT

LUMPECTOMY LYMPH NODES REMOVED

MASTECTOMY MELANOMA REMOVAL

PACEMAKER SURGERY RADIATION TREATMENT

SINUS SURGERY SQUAMOUS CELL CARCINOMA REMOVAL

OTHER (LIST) _____

256.536.4489



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HAVE YOU BEEN DIAGNOSED WITH:

- CATARACTS GLAUCOMA MACULAR DEGENERATION
 DIABETES

DIAGNOSIS YYYY _____

A1C _____ MM/YY ____/____

MOST RECENT GLUCOSE _____ DD/MM/YY ____/____/____

MEDICATION ALLERGIES: NO KNOWN DRUG ALLERGIES

DRUG ALLERGIES (LIST) _____

MEDICATION LIST: (OR ATTACH LIST)

NAME	DOSAGE: EG 50MG	INSTRUCTIONS: EG TWICE A DAY	REASON FOR USE

Comprehensive care for clear, healthy vision:

- * Medical Optometry
- * State-of-the-art eye exams
- * Certified technicians
- * Certified opticians
- * Full-service dispensary
- * Over 1,000 frames
- * The latest lens technologies
- * Complete contact lens selection

FAMILY HISTORY: PLEASE NOTE ANY FAMILY HISTORY (PARENTS, CHILDREN, SIBLINGS, GRANDPARENTS)

DISEASE/ CONDITION

DISEASE/CONDITION	NO	YES	?	RELATIONSHIP TO YOU
CATARACTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GLAUCOMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
THYROID DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DIABETES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HIGH BLOOD PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MACULAR DEGENERATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Diagnosis of many conditions, including:

- * Glaucoma
- * Diabetic retinopathy
- * Cataracts
- * Macular degeneration
- * Retinal tears and detachments

Advanced solutions for:

- * Irritated, tearing or dry eye
- * Eye allergies
- * Eye infections
- * Foreign bodies

OTHER: _____

NAME: _____ DOB: _____

EXTENSIVE REVIEW OF SYSTEMS

CONSTITUTION:

FEVER RECENT WEIGHT GAIN RECENT WEIGHT LOSS

EYES:

BLURRED VISION REDNESS GRITTY FEELING FOREIGN BODY SENSATION
 MUCOUS DISCHARGE DOUBLE VISION HALOS LOSS OF SIDE VISION
 LOSS OF CENTRAL VISION WATERY EYES TIRED EYES FLASHES OF LIGHT
 EYE PAIN ITCHING BURNING DRY EYES
 LIGHT SENSITIVITY GLARE STIES/LID INFECTIONS FLOATERS

ENT:

HEARING LOSS VERTIGO SINUS PRESSURE MENIERE'S DISEASE

CARDIOVASCULAR:

HIGH BLOOD PRESSURE HIGH CHOLESTEROL HIGH TRIGLYCERIDES CHEST PAIN
 HEART MURMUR CONGESTIVE HEART FAILURE

RESPIRATORY:

SLEEP APNEA ASTHMA LUNG CANCER SARCOIDOSIS
 HISTOPLASMOSIS REQUIRE OXYGEN SHORTNESS OF BREATH COPD

GASTROINTESTINAL:

CROHN'S IBS COLON CANCER DIVERTICULITIS
 GASTRIC REFLUX DIARRHEA HEMORRHOIDS CONSTIPATION

GENITAL/URINARY:

FREQUENT URINATION ERECTILE DYSFUNCTION ENLARGED PROSTATE CIRRHOSIS OF THE LIVER
 DIALYSIS ENDOMETRIOSIS INCONTINENCE KIDNEY STONES
 RENAL FAILURE TESTICULAR CANCER OVARIAN CANCER URINARY TRACT INFECTIONS

MUSCULAR/SKELETAL:

ANKYLOSING SPONDYLITIS GOUT TENDONITIS JOINT PAIN
 RHEUMATOID ARTHRITIS OSTEOARTHRITIS BURSITIS OSTEOPOROSIS
 NECK PAIN

SKIN:

ECZEMA PSORIASIS HERPES BRUISE EASILY
 LICHEN PLANTUS ACNE ROSACEA VITILIGO
 SEBORRHEA SHINGLES BREAST CANCER

NEUROLOGICAL:

ALZHEIMER'S DEMENTIA EPILEPSY HEADACHES
 MIGRAINES DYSLEXIA ANEURYSM AUTISM
 BELL'S PALSY CEREBRAL PALSY PARKINSON'S DISEASE RAYNAUD'S
 RESTLESS LEG SYNDROME STROKE TIA

PSYCHIATRIC

ANXIETY DEPRESSION BIPOLAR OCD
 ADD/ADHD BULIMIA ANOREXIA SCHIZOPHRENIA
 PTSD

ENDOCRINE/GLAND:

EXCESSIVE THIRST DIABETES THYROID DISORDER HOSHIMOTO'S
 GRAVES' DISEASE HYPOGLYCEMIA PANCREATITIS
 POLY CYSTIC OVARIAN SYNDROME

BLOOD/LYMPH:

ANEMIA BLOOD CLOTS LEUKEMIA SICKLE CELL
 MULTIPLE MYELOMA LYMPHOMA HIV/AIDS HEPATITIS
 HEMOCHROMATOSIS

ALLERGIC/IMMUNOLOGICAL:

ENVIRONMENTAL ALLERGIES LUPUS SJOGREN'S

OTHER: _____
