

**Vermont Laser Vision at Timber Lane**

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55 Timber Lane

South Burlington, VT 05403

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

Allergies –Foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	– Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No
– Iodine	<input type="checkbox"/> Yes <input type="checkbox"/> No	– Seasonal/Pollens	<input type="checkbox"/> Yes <input type="checkbox"/> No
– Latex	<input type="checkbox"/> Yes <input type="checkbox"/> No	– Skin	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any of the above, please explain: \_\_\_\_\_

Arthritis  Yes  No Heart Problems  Yes  No

Asthma  Yes  No Hepatitis  Yes  No

Breathing Problems  Yes  No High Blood Pressure  Yes  No

Cancer (type : \_\_\_\_\_)  Yes  No High Cholesterol  Yes  No

Chronic Bronchitis  Yes  No Lupus Erythematosus  Yes  No

Collagen Vascular Disease  Yes  No Pregnant/Nursing  Yes  No

Contact Lens Wear Problems  Yes  No Rheumatoid Arthritis  Yes  No

Diabetes  Yes  No Sjogren's Syndrome  Yes  No

Dry Eyes *without* Contact Lenses  Yes  No Skin Problems  Yes  No

Eczema/Psoriasis  Yes  No TB  Yes  No

Family History of Keratoconus  Yes  No Thyroid Disease  Yes  No

Do you smoke?  Yes  No If yes, # of packs per day \_\_\_\_\_ for \_\_\_\_\_ years

Do you ever have pain in your eyes upon awakening in the morning?  Yes  No

Have you ever had unusually slow healing from a skin wound or injury or keloid scar?  Yes  No

Have you ever taken Imitrex, Amiodarone or Accutane?  Yes  No

Medications (prescription or over-the-counter) being taken and dosages: \_\_\_\_\_

Any previous Eye Injuries?  Yes  No If yes, what type and when: \_\_\_\_\_

Any previous Eye Surgery?  Yes  No If yes, what type of surgery and when: \_\_\_\_\_

Has anyone in your family ever been diagnosed with or had: Cataracts, Corneal Transplants, Glaucoma, or Unexplained Poor Vision?  Yes  No If yes, who?: \_\_\_\_\_

Medical History: \_\_\_\_\_

Surgical History: \_\_\_\_\_

\*\*\*\*\*For Office Use Only\*\*\*\*\*

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Registration Health History December 2008