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Cascade EyeCare Center

Physicians & Surgeons • Ophthalmology

Douglas R. Merritt, M.D.
Rodney D. Leavitt, M.D.
Matthew R. Guymon, D.O.
Matthew D. Fullmer, D.O.

MEDICAL HISTORY

Patient Name _____ Date of Birth _____

Primary Care Physician

Do you use Tobacco? ☐ Yes ☐ No ☐ Cigarettes ☐ Cigars ☐ Pipe ☐ Former Smoker ☐ Chew ☐ Controlled Substances

MEDICAL HISTORY

Yes	No		Yes	No	
☐	☐	A-Fib/Arrythmia	☐	☐	High Blood Pressure
☐	☐	Anxiety/Depression	☐	☐	High Cholesterol
☐	☐	Arthritis	☐	☐	Hyperthyroid/Hypothyroid
☐	☐	Asthma	☐	☐	Kidney Disease
☐	☐	Bleeding Disorder	☐	☐	Lupus
☐	☐	Congestive Heart Failure	☐	☐	MS
☐	☐	COPD	☐	☐	Psychiatric Disorder
☐	☐	Diabetes If yes, last A1C? _____	☐	☐	Rheumatoid Arthritis
☐	☐	Gastrintestinal Disease	☐	☐	Stroke
☐	☐	Hearing Loss	☐	☐	Other _____

FAMILY HISTORY ☐ Family History Unknown

Please Check All That Apply:				
Diabetes	☐ Mother	☐ Father	☐ Sibling	☐ Child
Hypertension	☐ Mother	☐ Father	☐ Sibling	☐ Child
Glaucoma	☐ Mother	☐ Father	☐ Sibling	☐ Child
Macular Degeneration	☐ Mother	☐ Father	☐ Sibling	☐ Child
Other _____	☐ Mother	☐ Father	☐ Sibling	☐ Child

EYE HISTORY ☐ Cataracts ☐ Glaucoma ☐ Macular Degeneration ☐ Dry Eyes ☐ Contact Lenses ☐ Glasses ☐ Other _____

EYE SURGERY

- ☐ Cataracts
- ☐ Lasik
- ☐ Retinal Detachment
- ☐ Lid Surgery
- ☐ Injections
- ☐ Other _____

SURGICAL PROCEDURES

ALLERGIES TO MEDICATIONS ☐ None

Medication	Reaction

CURRENT MEDICATIONS *(to include eye drops)* ☐ See List

Name	Dose	Frequency