Georgia Eye
ATHENS | GREENSBORO | COMMERCE

Patient Information

Full Name: _____ **DOB**: _____

Primary Care Physician _____ _____
Name Town/City

Preferred Pharmacy _____ _____ _____
Name Street Town/City

Do you want a prescription update today?

- ⬜ YES (fee up to $40 may apply depending on insurance)
- ⬜ NO

Since your last visit…

Any new vision/eye problems? ⬜ No ⬜ YES (describe):

_____

_____

Any new medications? ⬜ No ⬜ YES (list names):_____

Any medications you stopped? ⬜ No ⬜ YES (list names): _____

Any new drug allergies? ⬜ No ⬜ YES (list names): _____

Any surgeries? ⬜ No ⬜ YES (list names): _____

Other Health Information:

Current tobacco use:	Yes	No
If diabetic, last morning blood sugar:	_____	
If diabetic, hemoglobin A1c (blood draw):	_____	
Any falls in the last year?	Yes	No
Have you had a flu vaccine in the last 12 mos.?	Yes	No
Over age 65: Have you gotten a pneumonia vaccine?	Yes	No

Have you been diagnosed or treated for any of the following since your last visit?

- ☐ None
- ☐ Hypertension (high blood pressure)
- ☐ Hyperlipidemia (high cholesterol)
- ☐ Heart disease
- ☐ Heart attack
- ☐ Arrhythmia (heart rhythm abnormality)
- ☐ Cancer - specify type & year of diagnosis:
  _____
- ☐ Diabetes Type 1
- ☐ Diabetes Type 2
- ☐ Stroke
- ☐ TIA (mini-stroke)
- ☐ Dementia
- ☐ Migraines
- ☐ Seizures
- ☐ Multiple sclerosis
- ☐ Asthma
- ☐ COPD (emphysema)
- ☐ Sarcoidosis
- ☐ Acid reflux (heartburn)
- ☐ Stomach ulcer
- ☐ Crohn's Disease
- ☐ Ulcerative Colitis
- ☐ Kidney disease
- ☐ Dialysis
- ☐ Prostate enlargement
- ☐ Osteoarthritis ('wear-and-tear' arthritis)
- ☐ Rheumatoid arthritis
- ☐ Lupus
- ☐ Anxiety
- ☐ Depression
- ☐ Bipolar disorder
- ☐ Substance use disorder
- ☐ Thyroid disease
- ☐ Bleeding disorder
- ☐ Clotting disorder
- ☐ Anemia
- ☐ Sickle cell disease
- ☐ HIV
- ☐ Syphilis
- ☐ Tuberculosis
- ☐ Other:
  _____
  _____
  _____
  _____

_____ _____

Signature (Patient or Parent/Guardian) Date