952 Troy-Schenectady Road Latham, NY 785-1199 Dr. Elisa Perreault Dr. Sharon Hunt-Moriarty Dr. Michelle Hall 99 Pine Street Albany, NY 463-1707

Patient Name:	Today's Date:					
<b>Date of Birth:</b>	Social Security Number:			_		
Marital Status:						
Daytime Phone:()	Cell Phone:(	)	_	May we text you?	Yes	No
Email Address:						
XXII	. 1 0					
Who can we thank for referring you to						
Race: African American/Black	Ethnicity:	/T				
Asian American/Black		anic/Latir		Pacific Island		
				Pacific Island		
Caucasian/White	NOL.	Hispanic/	Launo			
Hispanic Native American/Native Alaskan	Duofound I	0.0000				
	Preferred L					
Native Hawaiian/Other Pacific Island	Engi	lish	Otner:_			
Employer:	Occur	pation:				
Primary Care Physician Name, Add	ress, Phone Number:					
			Data las	t soon!		
			Date las	it seen:		
Are you currently pregnant? Yes No	Expected Due Date?		Are y	ou currently breastfeed	ing? Yes	No
Vision Insurance: Company	ID					
<b>Primary Health Insurance Informat</b>						
Insurance Company	Insured Name:			Date of Birth:		
Insurance ID Number	Relation	iship to In	sured:			
<b>Secondary Health Insurance Inform</b>	ation:					
Insurance Company	_ Insured Name:			Date of Birth:		
Insurance ID Number	Relation	iship to In	sured:			
Cionotrus on File						
Signature on File	11	. 1	c · c			7
I authorize use of this form on authorize my doctor to act as <b>I</b>						inies. 1
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X				Date:		
Please Circle any additional testing y		_				
OPTOMAP (\$30) OCT	(\$10) VIST	UAL FIEI	LD	(\$10)		
Would you like to receive dilation toda	ay? Yes	Will r	eturn at ar	other time		
Do you currently wear contacts? Yes	No	Are yo	ou interest	ed in Contacts? Yes	No	
By signing below, you acknowledge the	=				-	-
Policy, HIPAA acknowledgement, and it is your sole responsibility to pay any						
X				Date:		

Signature, Patient or Parent/Guardian (if patient is under 18)

## **PATIENT HEALTH HISTORY**

Please indicate if any of these diseases/ conditions apply to you or a blood relative Disease/Condition  Vourself  Blood Relative  Relationship  Relationshi	Patient Name:		DOB	
Allergies to medication or eye drops? Yes No If yes, please list		<u>Medic</u>	al/Family History	
Cist all major surgery, including eye surgery, and date of surgery:  Do you drink alcohol? Yes No Do you smoke cigarettes? Yes No Do you currently use recreational drugs? Yes No Please indicate if any of these diseases/ conditions apply to you or a blood relative Disease/Condition Yourself Blood Relative Relationship Cataract Y N Y N Y N Slaucoma Y N Y N Y N Y N Slaucoma Y N N Y N Y N Y N Y N Y N Y N Y N Y N	Please list <u>ALL</u> current medi	cations (prescription, over	the counter, vitamins/su	upplements)
Do you drink alcohol? Yes No Do you smoke cigarettes? Yes No Do you currently use recreational drugs? Yes No Please indicate if any of these diseases/ conditions apply to you or a blood relative Disease/Condition Yourself Blood Relative Relationship Cataract Y N N Y N S N Y N N Y N N S N Y N N Y N N N N	Allergies to medication or ey	e drops? Yes No	If yes, please list	
Please indicate if any of these diseases/ conditions apply to you or a blood relative Disease/Condition  Vourself  Blood Relative  Relationship  Relationshi	List all major surgery, includ	ing eye surgery, and date o	of surgery:	
Disease/Condition  Vourself  Blood Relative  Relationship  Cataract Y N Y N  Signature	Do you drink alcohol? Do you currently use recreati	3	a smoke cigarettes?	Yes No
Cataract Y N Y N Y N  Caye Turm Y N Y N Y N  Macular Degeneration Degeneration Y N Y N Y N  Macular Degeneration Y N Y N Y N  Macular Degeneration Y N Y N Y N  Macular Degeneration Degeneration Degeneration Season A Skin/ Integumentary none none none other other  Macular Degeneration Degeneratio		<u>=</u>		
Eye Turn Glaucoma Y N Y N Macular Degeneration Retinal Degeneration Retinal Detachment Y N Y N Retinal Detachment Retinal Detachment Y N Y N Retinal Detachment Y N Y N Retinal Detachment Repertension Y N Y N Retinal Detachment Respiratory Colitis Respiratory Respi	Cataract			
Allergic/immunologic  Dease indicate below if you have ever had a problem with the following conditions  Allergic/immunologic  Dease indicate below if you have ever had a problem with the following conditions  Allergic/immunologic  Ear, Nose, Throat Gastrointestinal Skin/ Integumentary  none none none none  Lupus Sinusitis Crohn's Disease Eczema  Rheumatoid arthritis Upper Respiratory Colitis Rosacea  Environmental Infection other other  Dease indicate below if you have ever had a problem with the following conditions  Allergic/immunologic  Ear, Nose, Throat Gastrointestinal Skin/ Integumentary  none none none none  Lupus Sinusitis Crohn's Disease Eczema  Rheumatoid arthritis Upper Respiratory Colitis Rosacea  Environmental Infection other  Other (i.e latex)  Cardiovascular  Endocrine/Glands Respiratory Muscle/Skeletal  none none none  Heart disease Hormone dysfunction  Bronchitis Fibromyalgia  Emphysema Ankylosing spondylitis  other other  Hematologic/Lymphatic Neurological Psychiatric Genital/Urinary  None none none none  Anemia Multiple Sclerosis Depression Urinary tract infection  Leukemia Epilepsy Bi-polar HIV positive other  Other other  Please sign to acknowledge that all above information is current and correct				
Macular Degeneration Y N Y N Y N Setinal Detachment Y N Y N Y N Y N Shidness Y N N Y N Y N Shidness Shidnes	Glaucoma			
Retinal Detachment  Bindness YNNYN  Charles  Retinal Detachment  Retinal Detachment  YNNYN  Retinal Detachment  YNNYN  YNN  Retinal Detachment  YNNYN  Retinal Detachment  Retinal Detachment  YNNYN  Retinal Detachment  Retinal Detachment  YNNYN  Retinal Detachment  YNNYN  NONE  None  None  None  None  None  Respiratory  Muscle/Skeletal  None  None  None  None  None  None  Respiratory  Muscle/Skeletal  None  None  None  None  None  None  None  Respiratory  Muscle/Skeletal  None  None	Macular Degeneration			
Diabetes Y N Y N Y N Dither Y N Y N Y N  Please indicate below if you have ever had a problem with the following conditions Allergic/immunologic Ear, Nose, Throat Gastrointestinal none none none none Lupus Sinusitis Crohn's Disease Eczema Rheumatoid arthritis Upper Respiratory Colitis Rosacea Environmental Infection other Dither (i.e latex)  Cardiovascular Endocrine/Glands Respiratory mone none none High blood pressure Diabetes Asthma Arthritis Heart disease Hormone dysfunction Bronchitis Fibromyalgia Stroke Thyroid dysfunction Emphysema Ankylosing spondylitis Vascular disease other other  Hematologic/Lymphatic Neurological Psychiatric Genital/Urinary None none none none Anemia Multiple Sclerosis Depression Urinary tract infection Leukemia Epilepsy Bi-polar HIV positive Other other  Please sign to acknowledge that all above information is current and correct	Retinal Detachment	Y N	Y N	
Please indicate below if you have ever had a problem with the following conditions	Blindness	Y N	Y N	
Please indicate below if you have ever had a problem with the following conditions Allergic/immunologic Ear, Nose, Throat none none none none none none none non	Diabetes	Y N	Y N	
Please indicate below if you have ever had a problem with the following conditions Allergic/immunologic Ear, Nose, Throat Gastrointestinal Skin/ Integumentary none none none none none Lupus Sinusitis Crohn's Disease Eczema Rheumatoid arthritis Upper Respiratory Colitis Rosacea Environmental Infection other other  Other (i.e latex)  Cardiovascular Endocrine/Glands Respiratory Muscle/Skeletal None none none none High blood pressure Diabetes Asthma Arthritis Heart disease Hormone dysfunction Bronchitis Fibromyalgia Stroke Thyroid dysfunction Emphysema Ankylosing spondylitis other High cholesterol  Hematologic/Lymphatic Neurological Psychiatric Genital/Urinary None none none none none Anemia Multiple Sclerosis Depression Urinary tract infection Leukemia Epilepsy Bi-polar HIV positive Other other  Please sign to acknowledge that all above information is current and correct	Hypertension	Y N	Y N	
Allergic/immunologic none none none none none none none non		_ Y N	Y N	
none none none none none none none none				
Rheumatoid arthritis Upper Respiratory Colitis Rosacea Other		· · · · ·		•
Rheumatoid arthritis Environmental Infection Other Oth				
Environmental other  Seasonal other  Ctardiovascular Endocrine/Glands None none none none High blood pressure Diabetes Asthma Arthritis Heart disease Hormone dysfunction Bronchitis Fibromyalgia Stroke Thyroid dysfunction Emphysema Ankylosing spondylitis other other  Hematologic/Lymphatic Neurological Psychiatric Genital/Urinary None none none none none Anemia Multiple Sclerosis Depression Urinary tract infection Leukemia Epilepsy Bi-polar HIV positive other  Please sign to acknowledge that all above information is current and correct	•			
Cardiovascular None None High blood pressure Heart disease Hormone dysfunction Wascular disease Hormone dysfunction Wascular disease Hormone dysfunction Bronchitis Emphysema Ankylosing spondylitis Wascular disease Hormone dysfunction Bronchitis Emphysema Ankylosing spondylitis Wascular disease Hermatologic/Lymphatic Hematologic/Lymphatic None None None Anemia Multiple Sclerosis Depression Leukemia Epilepsy Other Other  Other  Other  Other  Hermatologic description Leukemia Epilepsy Other Other  Other				
Cardiovascular None None None None High blood pressure Heart disease Hormone dysfunction Thyroid dysfunction Vascular disease Hormone dysfunction Thyroid dysfunction Wascular disease Hormone dysfunction Thyroid dysfunction Wascular disease Hormone dysfunction Thyroid dysfunction Wascular disease Other  Thyroid dysfunction Thyroid dysfunction Wascular disease Other  Thyroid dysfunction Thyroid dysfunctio			other	other
Cardiovascular  None  none  High blood pressure  Heart disease  Hormone dysfunction  Thyroid dysfunction  Vascular disease  Heigh cholesterol  Hematologic/Lymphatic  None  None  None  None  None  None  Anemia  Multiple Sclerosis  Leukemia  Diabetes  Asthma  Arthritis  Fibromyalgia  Emphysema  Other  Other  Other  Genital/Urinary  none  none  none  None  None  Nultiple Sclerosis  Depression  Leukemia  Epilepsy  Other  Other  Other  Other  HIV positive  Other  Other  Please sign to acknowledge that all above information is current and correct		other		
None none none none none High blood pressure Diabetes Asthma Arthritis Heart disease Hormone dysfunction Bronchitis Fibromyalgia Stroke Thyroid dysfunction Emphysema Ankylosing spondylitis Vascular disease other other other  Hematologic/Lymphatic Neurological Psychiatric Genital/Urinary None none none none Anemia Multiple Sclerosis Depression Urinary tract infection Leukemia Epilepsy Bi-polar HIV positive Other other other  Please sign to acknowledge that all above information is current and correct	Other (i.e latex)			
High blood pressure Heart disease Hormone dysfunction Stroke Thyroid dysfunction Vascular disease Hematologic/Lymphatic None Anemia Ankylosing spondylitis none Nultiple Sclerosis Depression Leukemia Diabetes Hormone dysfunction Emphysema Other  Hematologic/Lymphatic Neurological Neurological None None None Nultiple Sclerosis Depression Leukemia Epilepsy Other Other  HIV positive Other  Please sign to acknowledge that all above information is current and correct	Cardiovascular	<b>Endocrine/Glands</b>	Respiratory	Muscle/Skeletal
Heart disease Hormone dysfunction Stroke Thyroid dysfunction Other Thyroid dysfunction Other Other  Hematologic/Lymphatic Neurological None None None None None None None Stepilepsy Bi-polar Other Other  Hewatologic/Lymphatic Neurological None None None None None None None None	None	none	-	none
Stroke Thyroid dysfunction other Other Other Other  Wascular disease other Other Other  Hematologic/Lymphatic Neurological Psychiatric Genital/Urinary none none none none Anemia Multiple Sclerosis Depression Urinary tract infection Leukemia Epilepsy Bi-polar HIV positive Other Other Other Other Other Other Other	High blood pressure	Diabetes	Asthma	Arthritis
Wascular disease other other other  High cholesterol  Hematologic/Lymphatic Neurological Psychiatric Genital/Urinary  None none none none Anemia Multiple Sclerosis Depression Urinary tract infection Leukemia Epilepsy Bi-polar HIV positive Other other other other  Please sign to acknowledge that all above information is current and correct	Heart disease	Hormone dysfunction	Bronchitis	Fibromyalgia
Hematologic/Lymphatic Neurological Psychiatric Genital/Urinary None none none none Anemia Multiple Sclerosis Depression Urinary tract infection Leukemia Epilepsy Bi-polar HIV positive Other other other other	Stroke	Thyroid dysfunction	Emphysema	Ankylosing spondylitis
None none none none Anemia Multiple Sclerosis Depression Urinary tract infection Leukemia Epilepsy Bi-polar HIV positive Other other other other  Please sign to acknowledge that all above information is current and correct	Vascular disease High cholesterol	other	other	other
None none none none Anemia Multiple Sclerosis Depression Urinary tract infection Leukemia Epilepsy Bi-polar HIV positive Other other other other  Please sign to acknowledge that all above information is current and correct	Hamatalagia/I vmnhatia	Nounalogical	Dovobiotrio	Conital/Uning
Anemia Multiple Sclerosis Depression Urinary tract infection Leukemia Epilepsy Bi-polar HIV positive Other other other other other		O	=	_
Leukemia Epilepsy Bi-polar HIV positive Other other other other  Please sign to acknowledge that all above information is current and correct				
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