

# Coastal Family Eye Care

Phone 207 563 3049

5 Edward Ave, Damariscotta ME 04543

Fax 207 563 3904

Patient's Name: \_\_\_\_\_ Sex: M or F Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
PO/ST City State Zip

E-Mail Address: \_\_\_\_\_ Can we call at work: Y/N

Employer & Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Indicate Best Phone with a Star Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please Circle. Marital Status: Single Married Partnered Divorced Widowed Under Hospice Care: Y or N

Emergency Contact (Name & Phone): \_\_\_\_\_

Hobbies: \_\_\_\_\_

### PATIENT'S EYE HISTORY

Glaucoma	N	Y
Macular Degeneration	N	Y
Cataracts	N	Y
Currently wear contacts	N	Y
If no, are you interested in contacts	N	Y
Lazy Eye	N	Y
Seeing Double	N	Y
Floaters/Flashes	N	Y
Serious eye injuries	N	Y
_____		
Eye surgeries	N	Y
_____		
_____		
Other eye conditions	N	Y
_____		
_____		

### FAMILY (Parents/Siblings) HISTORY

Glaucoma	N	Y
Macular Degeneration	N	Y
Cataracts (Under Age 45)	N	Y
Retinal Detachment	N	Y
Eye Turn/Lazy Eye	N	Y
Cancer	N	Y
Heart Condition	N	Y
Stroke	N	Y
High Blood Pressure	N	Y
Diabetes	N	Y
Other:	_____	

### PATIENT'S MEDICAL HISTORY

*Circle all that apply.*

Primary Care Physician: \_\_\_\_\_

**Skin:** \_\_\_\_\_  
 Eczema \_\_\_\_\_  
 Rosacea \_\_\_\_\_  
 Melanoma \_\_\_\_\_

**Cardiovascular:** \_\_\_\_\_  
 Stroke \_\_\_\_\_  
 Heart Condition \_\_\_\_\_  
 Blood Pressure: High / Low \_\_\_\_\_  
 Cholesterol \_\_\_\_\_

**Psychiatric:** \_\_\_\_\_  
 Depression \_\_\_\_\_  
 Anxiety \_\_\_\_\_  
 Other \_\_\_\_\_

**GI:** \_\_\_\_\_  
 Crohn's Disease \_\_\_\_\_  
 Celiac's \_\_\_\_\_  
 Other \_\_\_\_\_

**Ear, Nose, Throat:** \_\_\_\_\_  
 Hearing loss \_\_\_\_\_  
 Dry Mouth \_\_\_\_\_

**Females:** \_\_\_\_\_  
 Pregnant \_\_\_\_\_  
 Nursing \_\_\_\_\_

**Other:** \_\_\_\_\_

**Tobacco Use:** Never Currently \_\_\_packs/day Quit \_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Major Surgeries:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Endocrine:** \_\_\_\_\_  
 Diabetes Since: \_\_\_\_\_  
 Type 1 or Type 2 \_\_\_\_\_  
 Thyroid: Hyper / Hypo \_\_\_\_\_

**Respiratory:** \_\_\_\_\_  
 Asthma \_\_\_\_\_  
 Apnea \_\_\_\_\_  
 COPD \_\_\_\_\_

**Neurological:** \_\_\_\_\_  
 Alzheimer's/Dementia \_\_\_\_\_  
 Parkinson's \_\_\_\_\_  
 Multiple Sclerosis \_\_\_\_\_  
 Migraines \_\_\_\_\_

**Muscles, Bones, Joints:** \_\_\_\_\_  
 Arthritis \_\_\_\_\_  
 Fibromyalgia \_\_\_\_\_  
 Rheumatoid Arthritis \_\_\_\_\_

**Allergic/Immunologic:** \_\_\_\_\_  
 Seasonal allergies \_\_\_\_\_  
 Lupus \_\_\_\_\_

**Cancer:** \_\_\_\_\_  
 \_\_\_\_\_

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