## **HEALTH QUESTIONNAIRE / ALLERGIES AND SENSITIVITIES**

ite of last eye exam:				Physicia	1				
there history of skin reaction c				Circle	o One		Wh	at Drug or	Food?
nicillin or other antibiotics			YES	NO	DON'T KNOW				
orphine, Codeine, Demerol or				NO	DON'T KNOW	-			
vocain or other anesthetics				NO	DON'T KNOW	-			
pirin, Empirin or other pain re				NO	DON'T KNOW	_			
lfa drugs				NO	DON'T KNOW	_			
tanus antitoxin or other serun				NO	DON'T KNOW	-			
hesive Tape				NO	DON'T KNOW	-			
ine or merthiolate				NO	DON'T KNOW	_			
				NO	DON'T KNOW	-			
y other drug or medicationy foods, such as egg, milk or chocolate				NO	DON'T KNOW	_			
y 10003, 30011 d3 egg, 11llik of	onocolate		120	NO	DOINT INVOV	-			
	Drugs recently t	taken: Within	the past	six mon	ths, have you	taken:			
	Cortisone					YES	NO	DON'T K	MOM
	Thyroid Medication	s				YES	NO	DON'T K	NOW
	Anticoagulants (blo	od thinners)				YES	NO	DON'T K	NOW
	Tranquilizers					YES	NO	DON'T K	MON
	Hypotensives (high					YES	NO	DON'T K	MON
	Aspirin					YES	NO	DON'T K	MOM
	Other						NO	DON'T K	
What other medic					ss of breath)	YES	NO	DON'T K	
What other medic	cal conditions are	e you being t	treated fo	r?					
	cal conditions are	e you being t	treated fo	r?					
What operations h  Have you ever ha  Have you ever be	ave you had?	YES any of the	No□	r?					
What operations h  Have you ever ha  Have you ever be following? (Circle v	ave you had? ad eye surgery? een told you had a	YES Any of the	NO	r?	v <u>es</u> ", please list)			Blood	Relative
What operations h  Have you ever ha  Have you ever be following? (Circle v	ave you had? ad eye surgery? een told you had a where appropriate) Degeneration	YES Any of the Pat	NO	r?	<u>res</u> ", please list) Macular Deger	neration		Blood F	Relative NO
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