Ray Cain, M.D.
*Board Certified Ophthalmologist*

*This will be part of your medical record and, of course, is confidential. Information is needed to facilitate your eye exam.*

**Name:** ..... **Date:** .....

**Family Physician:** .....

**Drug Allergies:** **No**..... **Yes**..... **Other Allergies:** **No**..... **Yes**.....
*If yes, please list:* .....

**Current Medications:** **No**..... **Yes**.....
*If yes, please list:* .....
.....
.....

**Prior or Current Illnesses:** .....
.....
.....

**Diabetes:** **No**..... **Yes**..... *If yes, how long?* .....
*Insulin or Oral Meds?* .....

**Smoker:** **No**..... **Yes**..... *If yes, how long?* .....

**Do you have high blood pressure?**
**No**..... **Yes**..... *If yes, how long?* .....

**Have you ever had a heart attack?**
**No**..... **Yes**..... *If yes, when?* .....

**Have you ever had an irregular heartbeat?**
**No**..... **Yes**.....

**Any other major illness:** Tumor..... Ulcer..... Hepatitis..... Lupus..... Asthma.....
Stroke..... Emphysema..... TB..... Restless leg syndrome..... Other.....

**Have you ever been told you have:**
Glaucoma..... Cataracts..... Macular Degeneration..... Other eye problems.....

**Has any family member had cataracts, glaucoma or macular degeneration?**
**No**..... **Yes**..... *If yes, what?* .....

**Please list any major surgeries:** .....
.....

*Please bring this completed form to your appointment.* *www.drcaineyemd.com*