



Meigs Clinic
Robyn A Pape, OD

Welcome to our office!
Thank you choosing us to be your eye care provider. Please provide us with the following information so that we may serve you better!

Patient Name: \_\_\_\_\_ Sex: M F
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
Email Address: \_\_\_\_\_
Marital Status: \_\_Single\_\_ Married\_\_ Widowed Employment Status: Full time / Part time
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_
Race: \_\_\_\_\_ Preferred Language: \_\_\_\_\_
Ethnicity (circle one:) Hispanic/Non-Hispanic

When was your last eye exam? \_\_\_\_\_ Are you pregnant or nursing? Yes / No
Where at? \_\_\_\_\_ Smoke tobacco or vape? Yes / No
Primary Care Physician? \_\_\_\_\_ Use smokeless tobacco? Yes / No
Height and Weight \_\_\_\_\_ Drink alcohol? Yes / No
History of Eye Surgery Yes / No Use other substances? Yes / No

Do you have any of the following problems? Circle any that apply:

- Blurry at near / Blurry at distance Eye pain Sensitive to light Double vision
Poor night vision and/or glare Flashes or Floaters Eyes burn / itch / water Redness

Do YOU or ANY OF YOUR BLOOD RELATIVES have any of the following conditions?

Please write Self, Father, Mother, Brother, Sister, Son, Daughter)

Cancer \_\_\_\_\_ Macular Degeneration \_\_\_\_\_
Diabetes Type 1 or 2 \_\_\_\_\_ Cataract \_\_\_\_\_
Thyroid Disease High or Low \_\_\_\_\_ Glaucoma \_\_\_\_\_
High Blood Pressure \_\_\_\_\_ Amblyopia (Lazy Eye) \_\_\_\_\_



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**Patient Health History**

Please circle any condition that you currently have:

**ENT**

- Hearing Loss
- Sinusitis
- Dry Mouth
- Laryngitis

**Neurological**

- Multiple Sclerosis
- Epilepsy
- Cerebral Palsy
- Tumor
- Stroke/CVA
- Migraine
- Autism

**Psychological**

- Depression
- Attention Deficit
- Anxiety Disorder
- Bipolar Disorder

**Cardiovascular**

- Hypertension
- Stroke/CVA
- Heart Disease
- Vascular Disease
- Congestive Heart Failure

**Respiratory**

- Asthma
- Bronchitis
- Emphysema/COPD
- Sleep Apnea

**Gastrointestinal**

- Crohn's
- Colitis
- Ulcer
- Acid Reflex
- Celiac Disease

**Genitourinary**

- Kidney Disease
- Prostate Disease
- STD

**Musculoskeletal**

- Arthritis / Osteoarthritis
- Fibromyalgia
- Muscular Dystrophy
- Osteoporosis
- Gout

**Other:**

\_\_\_\_\_

**Dermatological**

- Eczema
- Rosacea
- Psoriasis
- Herpes Simplex/Cold Sores
- Herpes Zoster/Shingles

**Endocrine**

- Type 1 Diabetes
- Type 2 Diabetes
- Thyroid Dysfunction
- Hormonal Dysfunction

**Hematologic/Lymphatic**

- Anemia
- Large-Volume Blood Loss
- Ulcer
- High Cholesterol

**Allergy/Immune**

- Environmental Allergies
- Rheumatoid Arthritis
- Lupus
- Sjogren's Syndrome

**Current prescription/non-prescription medications  
(including eye drops)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication Allergies:**

\_\_\_\_\_  
\_\_\_\_\_