



OPHTHALMOLOGY - DISEASES AND SURGERY OF THE EYE
Macular Degeneration & Diabetes Eye Institute of Northeast Florida

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NAME: _____ DOB: _____ DATE: _____

PAST MEDICAL HISTORY: Please select if condition applies to your medical history:

- Checkboxes for various medical conditions: AIDS/HIV, Alcoholism, Alzheimer's, Anemia, Angina (Chest Pain), Arthritis, Asthma, Atrial Fibrillation, Enlarged Prostate (hypertrophy), Cancer, CVA (Stroke), Congestive Heart Failure, COPD, Coronary Artery Disease, Crohn's Disease, Degenerative Joint Disease, Depression, Diabetes, Drug Abuse, DVT (blood clot), Fibromyalgia, Gallbladder Disease, GERD (Acid reflux), Gout, Hepatitis, High Cholesterol (hyperlipidemia), Hypertension(High Blood Pressure), Inflammatory Bowel Disease, Juvenile Rheumatoid Arthritis, Kidney Disease, Liver Disease, Lyme Disease, Migraine Headaches, Multiple Sclerosis, Myocardial Infraction, Obesity, Osteoarthritis, Osteoporosis, Parkinson's Disease, Peptic Ulcers, Psoriasis, PVD (Vascular Disease), Renal Disease, Rheumatoid Arthritis, Scoliosis, Seizure Disorder, Sleep Apnea, SLE (Lupus), Spinal Stenosis, Spondyloarthropathy, Thyroid Disease, Valvular Disease

Other _____

PAST SURGICAL HISTORY : Please list all previous surgeries that required anesthesia.

Blank lines for listing past surgical history.

FAMILY HISTORY

Table with columns: Father, Mother, Siblings, Grandparent, Other. Rows: Cancer, Diabetes, Heart Disease, HighBP, Stroke.

SOCIAL HISTORY:

Tobacco Use: Yes No Former Type: _____ Packs per day: _____ Years smoked: _____ Year Quit: _____

Occupation: Employer: _____ Job title: _____

Work Status: P/T F/T Disabled Retired