



**Norfolk**  
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Norfolk, Virginia 23510  
(757) 622-0200

**Virginia Beach**  
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VB, Virginia 23451  
(757) 425-0200

## INTERIM MEDICAL HISTORY

PATIENT'S NAME (FIRST, MIDDLE, LAST)		DATE
DATE OF BIRTH	AGE	EMAIL:
ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER: (H)	(W)	(C) SOCIAL SECURITY #

REASON FOR TODAY'S VISIT:

DATE OF LAST EYE EXAM (WITH COMPLETE MEDICAL HISTORY)

<u>NAME OF MED</u>	<u>START DATE</u>	<u>DOSE</u>	<u>FREQUENCY</u>	<u>INDICATION</u>
EG. METOPROL	2/26/01	25 MG	1X DAY	HIGH BP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DO YOU HAVE NEW ALLERGIES TO ANY MEDICATIONS, SINCE YOUR LAST VISIT?  YES  NO

IF YES, LIST THE MEDICATIONS: \_\_\_\_\_

HAVE YOU HAD ANY MAJOR ILLNESS OR INJURIES SINCE YOUR LAST VISIT?

HAVE YOU HAD ANY SURGERIES SINCE YOUR LAST VISIT?

**FAMILY HISTORY**

ANY CHANGES TO FAMILY MEDICAL STATUS, (MOTHER, FATHER, SIBLING, GRANDPARENT)?  YES  NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

DO YOU WEAR EYEGLASSES?  YES  NO

ARE THEY COMFORTABLE:  YES  NO

DO YOU WEAR CONTACT LENSES?  YES  NO

ARE THEY COMFORTABLE:  YES  NO

PLEASE LET US KNOW ANY DIFFICULTIES WITH YOUR VISION:

\_\_\_\_\_

\_\_\_\_\_

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