

McCormick & Bouchard Eye Care

Phone 207 563 3049

5 Edward Ave, Damariscotta ME 04543

Fax 207 563 3904

Patient's Name: _____ Sex: M or F Date of Birth: _____

Mailing Address: _____
PO/ST City State Zip

E-Mail Address: _____ Can we call at work: Y/N

Employer & Occupation: _____ Work Phone: _____

Indicate Best Phone with a Star Home Phone: _____ Cell Phone: _____

Please Circle. Marital Status: Single Married Partnered Divorced Widowed Under Hospice Care: Y or N

Emergency Contact (Name & Phone): _____

Hobbies: _____

PATIENT'S EYE HISTORY

Glaucoma	N	Y
Macular Degeneration	N	Y
Cataracts	N	Y
Currently wear contacts	N	Y
If no, are you interested in contacts	N	Y
Lazy Eye	N	Y
Seeing Double	N	Y
Floater/Flashes	N	Y
Serious eye injuries	N	Y

Eye surgeries N Y

Other eye conditions N Y

FAMILY (Parents/Siblings) HISTORY

Glaucoma	N	Y
Macular Degeneration	N	Y
Cataracts (Under Age 45)	N	Y
Retinal Detachment	N	Y
Eye Turn/Lazy Eye	N	Y
Cancer	N	Y
Heart Condition	N	Y
Stroke	N	Y
High Blood Pressure	N	Y
Diabetes	N	Y

Other: _____

PATIENT'S MEDICAL HISTORY

Circle all that apply.

Primary Care Physician: _____

Skin:
 Eczema
 Rosacea
 Melanoma

Cardiovascular:
 Stroke
 Heart Condition
 Blood Pressure: High / Low
 Cholesterol

Psychiatric:
 Depression
 Anxiety
 Other

GI:
 Crohn's Disease
 Celiac's
 Other

Ear, Nose, Throat:
 Hearing loss
 Dry Mouth

Females:
 Pregnant
 Nursing

Other: _____

Tobacco Use: Never Currently packs/day Quit

Allergies: _____

Medications: _____

Major Surgeries: _____

Endocrine:
 Diabetes Since: _____
 Type 1 or Type 2
 Thyroid: Hyper / Hypo

Respiratory:
 Asthma
 Apnea
 COPD

Neurological:
 Alzheimer's/Dementia
 Parkinson's
 Multiple Sclerosis
 Migraines

Muscles, Bones, Joints:
 Arthritis
 Fibromyalgia
 Rheumatoid Arthritis

Allergic/Immunologic:
 Seasonal allergies
 Lupus

Cancer: _____

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