



• TINA MAMDANI, O.D. • MELYNDA TORRES, O.D. •
6001 WINTER HAVEN NW, SUITE K
ALBUQUERQUE, NM 87120

NAME _____

TODAY'S DATE _____

ADDRESS _____

DATE OF BIRTH _____ ()MALE ()FEMALE

HOME PHONE _____

CITY _____ ZIP _____

WORK PHONE _____

E-MAIL _____

INSURED'S NAME, DOB, & SSN _____

PAST HISTORY:

Have you ever had surgery? Yes/No If yes, please explain _____

Have you ever been diagnosed with eye problems? Cataract: Yes/No Glaucoma Yes/No Macular Degeneration Yes/No

Other eye problems? _____

FAMILY HISTORY:

Has anyone in your family been diagnosed with eye problems? Cataract: Yes/No Glaucoma Yes/No Macular Degeneration Yes/No

Other eye conditions? _____

Has anyone in your family been treated for: High Blood Pressure: Yes/No Diabetes: Yes/No Other: _____

SOCIAL HISTORY: Occupation _____ Average # of hours of computer use per day _____

Do you smoke? Yes/No Do you drink alcohol daily? Yes/No Average # of hours spent outdoors per week? _____

Do you have special visual needs at work, home, or for hobbies? If yes, explain _____

Technician / Doctor's Notes:

GL Rx needed today: yes / no

Previous Rx Date:

CL Rx needed today: yes / no

Previous Rx:

LDFE:

REVIEW OF SYSTEMS: Please mark the appropriate response below

Constitutional None _____

- physical disability
 - weight loss
 - fever
 - fatigue
 - trauma
 - headaches or migraines
 - other _____
- meds: _____

Skin/Integumentary None _____

- eczema
 - skin cancer
 - psoriasis
 - other _____
- meds: _____

Cardiovascular None _____

- high blood pressure
 - high cholesterol
 - heart disease
 - stroke
 - vascular disease
 - other _____
- meds: _____

Psychiatric None _____

- depression
 - panic disorder
 - schizophrenia
 - bipolar disorder
 - other _____
- meds: _____

Respiratory None _____

- asthma
 - bronchitis
 - emphysema
 - other _____
- meds: _____

Hematologic/Lymphatic None _____

- anemia
 - leukemia
 - clotting disorder
 - other _____
- meds: _____

Gastrointestinal None _____

- digestive disorder
 - ulcer
 - colitis
 - other _____
- meds: _____

Musculoskeletal None _____

- fibromyalgia
 - osteoarthritis
 - muscular dystrophy
 - other _____
- meds: _____

Ear, Nose, & Throat None _____

- hearing problems
 - upper respiratory tract infections
 - sinus infections
 - other _____
- meds: _____

Genitourinary None _____

- urinary tract infections
 - kidney problems
 - other _____
- meds: _____

Neurological None _____

- epilepsy
 - multiple sclerosis
 - other _____
- meds: _____

Endocrine None _____

- diabetes
 - thyroid problems
 - hormonal problems
 - hormone replacement therapy
 - other _____
- meds: _____

Developmental None _____

- learning disability _____
 - dyslexia
 - ADHD
 - autism
 - other _____
- meds: _____

Eyes

- blurred vision
 - eye strain or pain
 - dry eyes
 - floaters
 - flashes
 - pink or red eyes
 - eye pain
 - watery eyes
 - itching
 - night blindness
 - other _____
- meds: _____

over the counter drops used:

Tech Initials: _____

Dr. Sig _____

PLEASE LIST ANY MEDICATIONS NOT LISTED ABOVE, INCLUDING VITAMINS & SUPPLEMENTS:

Code History () New Pertinent: 1-2 areas
() New Complete: 3 areas
() Est. Pertinent: 1 area
() Est. Complete: 2-3 areas

Code Review of Systems () Problem pertinent: 1
() Extended: 2-9
() Complete: 10-14