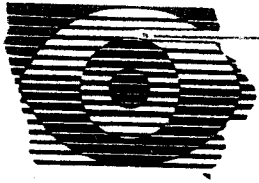


North Iowa Eye Clinic, P.C.



Welcome to the North Iowa Eye Clinic, P.C.

Ophthalmology / Ophthalmic Surgery

Bradley L. Isaak, M.D.
Randall S. Brenton, M.D.
Mark D. Meyer, M.D.
Brandt M. Riley, D.O.
Melissa M. Summerfield, M.D.

Optometry

Kent H. Juffer, O.D.
Vonda J. Capper, O.D.

Village Green Optical

A Division of
North Iowa Eye Clinic

Susan K. Kline,
Administrator/ CFO

For your convenience a Patient Medical Questionnaire and a Patient Information Form are enclosed for you to complete prior to arriving for your appointment.

When you come for your appointment, please bring the completed forms along with your current insurance cards to ensure proper billing and a photo id.

If you are unable to keep this appointment please contact our office at 641-423-8861 or 1-800-392-9473 as soon as possible.

Your eye exam may require your eyes to be dilated, and reversal drops are no longer available, so we recommend that you arrange for someone to drive you home.

Sincerely,

Physicians and Staff of
The North Iowa Eye Clinic, P.C.

Hwy 122 - P.O. Box 1877
Mason City, Iowa 50402-1877
641-423-8861
FAX: 641-423-0727
In Iowa: 1-800-392-9473

NORTH IOWA EYE CLINIC, P.C.-Patient Medical Questionnaire

Name _____ Birthdate _____ Today's Date _____

WOULD YOU LIKE A PRESCRIPTION FOR NEW GLASSES OR CONTACT LENSES TODAY? YES NO

NOTE: A PRESCRIPTION FOR GLASSES OR CONTACT LENSES REQUIRES A REFRACTION DONE AT A COST OF **\$40.00** AND WHICH IS **NOT** COVERED BY MEDICARE AND MOST INSURANCES.

Have you ever had any eye surgeries? _____ What type? _____

Do you use any <u>eye drops</u> ?	NAMES	WHICH EYE/S	HOW OFTEN

Please circle any eye conditions you have:

- | | | |
|-----------------|-------------------------|-------------|
| Cataract | Inflammation in the eye | Dry eyes |
| Glaucoma | Crossed eye | Lazy eye |
| Retinal Disease | Macular Degeneration | Other _____ |

Please indicate if you have any of the following medical problems: CIRCLE Y or N

- Y/N Arthritis _____
- Y/N Diabetes What year was diagnosis made? _____ Who is your Diabetic Dr. _____
- Y/N High blood pressure If yes, how many years? _____ Is it controlled? _____
- Y/N Carotid artery surgery _____
- Y/N Heart Condition Explain _____
- Y/N Heart attack If so, when _____
- Y/N Bypass Surgery _____
- Y/N Asthma/Emphysema/COPD Are you taking treatment? _____
- Y/N Thyroid disease _____
- Y/N Stroke _____
- Y/N Cancer What type? _____ When Diagnosed? _____
- Y/N Alzheimer's or Dementia _____

OTHER MEDICAL CONDITIONS _____

Please List **all** of your current medications (prescription and non-prescription)

Pharmacy & Location _____

ALLERGIES TO MEDICATIONS: _____

No Allergies _____

Family Doctor & location _____ Optometrist _____

PLEASE COMPLETE THE OTHER SIDE

FAMILY HISTORY

Do your blood relatives have:

- Glaucoma Y/N
- Retinal Disease Y/N
- Crossed eyes Y/N
- Lazy eye Y/N
- Cataracts Y/N
- Diabetes Y/N
- Macular Degeneration Y/N

SOCIAL HISTORY

Occupation _____

Hobbies _____

Do you smoke? Y/N

Do you live alone? Y/N

Do you drive a car? Y/N

Please circle those that have occurred in the last month

- Constitutional:**
 Fever
 Chills
 Aching
 Weight gain/loss
- Ears, Nose and Throat:**
 Hearing loss
 Ear pain
 Ringing
 Sore throat
 Hoarseness
 Sinus trouble
- Cardiovascular:**
 Chest pain
 Dizzy
 Short of breath
 Ankle swelling
 Left arm pain
- Respiratory:**
 Cough
 Wheezing
 Pain with breathing
- Gastrointestinal:**
 Indigestion
 Stomach pain
 Change in stool
 Eating disorder

- Genito-Urinary:
(Bladder/Kidney)**
 Kidney stones
- Musculo-Skeletal:**
 Joint or muscle aching
 Pain/weakness
- Skin:**
 New lump or lesion
 Change of pigmented lesion
- Blood/Lymphatic:**
 Anemia
 Abnormal bleeding/clotting/bruising
 Lump or swelling under arm or neck
- Neurological:**
 Dementia
 Weakness
 Numbness
 Trouble with speech
 Trouble with memory

- Psychiatric:**
 Mood swings
 Personality change
 Anxiety
 Depression
 Sleep/eating change
- Endocrine:**
 Skin dry/coarse
 Heat intolerance
 Change In energy
 Significant weight gain/loss
 Excessive thirst
 Frequent urination

Otherwise circle:

NONE