EYE & LASIK CENTER
GREENFIELD • GARDNER • WEST SPRINGFIELD
ATHOL • FITCHBURG • HOLYOKE

A family medical history is a record of health information about a person and his or her close relatives. Together, these factors can give clues to medical conditions that may run in a family and allows a person to take steps to reduce his or her risk.

In addition to federal regulations for all medical offices, our office does require an updated family history at each visit. The form is available on our website which can be printed and completed at home prior to a visit. We also encourage people to retain a copy for their records, that way they can just update and bring with them to their next visit.

HISTORY OF	SELF	MOTHER	FATHER	SIBLING	CHILD
Ocular Conditions:					
• Dry Eyes	☐	☐	☐	☐	☐
• Cataracts	☐	☐	☐	☐	☐
• Macular Degeneration	☐	☐	☐	☐	☐
• Retinal Detachment	☐	☐	☐	☐	☐
• Glaucoma	☐	☐	☐	☐	☐
• Keratoconus	☐	☐	☐	☐	☐
Medical:					
• High Blood Pressure	☐	☐	☐	☐	☐
• Heart problems	☐	☐	☐	☐	☐
• Arthritis	☐	☐	☐	☐	☐
• Lung Problems	☐	☐	☐	☐	☐
• Stroke	☐	☐	☐	☐	☐
• Thyroid problems	☐	☐	☐	☐	☐
• Diabetes	☐	☐	☐	☐	☐
• High Cholesterol	☐	☐	☐	☐	☐
• Ulcers	☐	☐	☐	☐	☐
• Cancer	☐	☐	☐	☐	☐
• Neurological Disorder	☐	☐	☐	☐	☐
• Seizures	☐	☐	☐	☐	☐
• Other: _____	☐	☐	☐	☐	☐

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Please List any Allergies/reactions: _____

_____

Medication/Supplement Name	Milligrams	Tablet/Capsule or Injection	# of Tablet/Capsule Taken	Times Taken per Day

ARE YOU INTERESTED IN LASIK? YES ☐ NO ☐ MAYBE ☐