BRISTOL COUNTY EYE CARE
CARE YOU CAN COUNT ON

1180 HOPE STREET
BRISTOL RHODE ISLAND 02809
(401) 253-9900
BRISTOLCOUNTYEYECARE.COM

Medical History

PLEASE PRINT

Name: _____ Date: _____/_____/_____
First *MI.* *Last*

Have you ever had: Heart Disease Y/N High Blood Pressure Y/N Diabetes Y/N Breathing Problems Y/N

Other: _____ Do You Smoke? Y/N

Please list all medications you currently use- include prescription OTC and eye medications:

_____ _____ _____

_____ _____ _____

Please list all medications you are allergic to:

_____

Please list any surgeries you have had including eye surgery:

_____

Please list any injuries to your eyes or head:

_____

Please list any eye diseases or blindness that is in your family:

_____

Please gives us the name of your general medical doctor:

_____
Name Address

When was your last full examination with an eye doctor: _____

Can we share your testing and laboratory results with your regular medical doctor? Y/N

I acknowledge that I have received a copy of the "Notice of Privacy" of Carl A. Sakovits, OD.

_____/ _____/_____
Signature: Date: