

**DAVID A. EWING-CHOW, MD, PLLC
MEDICAL HISTORY**

Name: _____

Date of Birth: _____ Date: _____

2019 Social History

Does your vision limit daily activities? (driving, reading, sports, work) _____ Yes _____ No
Do you drink alcohol? _____ Yes _____ No If YES, how much? _____
Do you currently use tobacco? _____ Yes _____ No If YES, how much? _____ How many years? _____
Are you a previous tobacco user? _____ Yes _____ No If YES, how many years? _____
Do you use recreational drugs? _____ YES _____ NO
If YES, what drug and how much? _____

2019 Medication List

Are you allergic to any medications? _____ Yes _____ No If Yes, Please list medications allergies below

Please List any other medications you are currently taking

Medication	Dosage	Taking How Often	Reason for taking Medication
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Please list all major illnesses, surgeries, and injuries with approximate dates below.

	Year		Year

Patient Signature: _____

Date: _____

Dilating drops are used to dilate or enlarge the pupil to allow a better view of the inside of your eye. Dilating drops frequently blur vision for a length of time which varies from person to person. They may make bright lights bothersome and could make driving difficult. We recommend that you bring someone that can drive you after your examination. To avoid adverse reactions, such as acute-closure glaucoma, your angles will be checked to determine the best course of action. This reaction is extremely rare and treatable with immediate medical attention. The dilating drops are necessary to diagnose your condition. I hereby authorize Providers and/or Ophthalmic Assistants of David A. Ewing-Chow, MD, PLLC to administer dilating drops.

Patient Name

Patient Signature (or person authorized to sign)

Date