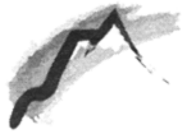


Summit Eye Consultants

Jacqueline Wong, MD
945 Hildebrand Lane, Suite 235
Bainbridge, WA 98110
Phone: (206) 201-3669
Fax: (206) 451-4890

History and Physical

Name: ____ Date of Birth: _________

Emergency Contact Name/Phone Number: _______________________/________________

Relationship: _________________________

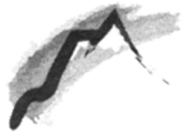
1) List any allergies to any medications, substances, materials, and/or foods; please include the reaction if known: ____
____
____

2) List all chronic medical conditions in which you are being treated or monitored for (i.e. allergies, asthma, cancer, high blood pressure, high cholesterol, diabetes, etc…):_______
____
____
____

3) List all surgeries and dates that you have undergone: _____________________________
____
____

4) List all medications including dose and how often it is used/taken: __________________
____
____

5) List any eye problems such as diagnosis, trauma, or surgical intervention (i.e. glaucoma, cataracts, macular degeneration, retinal detachments, lazy eye, etc.):_______________
____



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Family History

Please indicate which diseases are prevalent in your family and who has/had the disease/disorder:

(__) Macular Degeneration: _______________

(__) Blindness: __________________

(__) Cataracts: __________________

(__) Glaucoma: __________________

(__) Retinal Detachment: ________________

(__) Amblyopia: ________________

(__) Uveitis: ____________________

(__) Cancer: __________________________

(__) Diabetes: _________________________

(__) Headaches/Migraines: _____________

(__) Heart Disease: ____________________

(__) High blood pressure: _______________

(__) High Cholesterol: __________________

(__) Kidney Disease: ____________________

(__) Thyroid Disease: ____________________

(__) Stroke: ____________________________

(__) Other: ____

Social History

Marital Status: ___________________

Alcohol Consumption: ______________

Driving: Yes or No

Smoking: __________________

Substance Use: _____________

Occupation: ________________