

## Sample Case History Questionnaire

Your Optometrist would appreciate a brief personal health history to assist in the examination. Please answer each of the following questions to the best of your ability. For parents, if your child is being examined today, please review these questions for your son or daughter.

\* Please note that any questions relating to family history are directed to "blood" relations (e.g., mother, father, siblings and children) only.

### 1. Reason for visit

annual eye examination     interest in contact lenses     blurred vision  
 broken/lost eyewear     other: \_\_\_\_\_

### 2. Contact Lens History (Current contact lens wearers only)

a. Lens Type:     soft     gas permeable     toric     disposable

b. Lens Wearing Schedule:

occasional wear (once weekly or less)  
 part-time daily wear (less than four times weekly)  
 full-time daily wear (four to seven times weekly)  
 extended wear (occasional or regular overnight wear)

c. Current Age of Lenses \_\_\_\_\_ months

d. Lens Solutions for cleaning, rinsing, disinfecting & storage: \_\_\_\_\_

### 3. Personal Ocular History

a. Have you ever had eye surgery?     Yes     No

b. Have you ever had an eye infection or inflammation?     Yes     No

c. Have you or a family member had  
 eye surgery     lazy eye (amblyopia)     turned eye (strabismus)  
 eye patching     glaucoma     other: \_\_\_\_\_

## 4. Personal Medical History

a. Have you or your immediate family been treated for any one of the following medical conditions?

- acne rosacea     AIDS/HIV     allergies     anaemia     asthma  
 aneurysms     ankylosing spondylitis     anxiety     atherosclerosis  
 blood disorders     bowel disease     cancer     depression     diabetes  
 epilepsy     heart disease     high cholesterol     hyperlipidaemia  
 high blood pressure     kidney disease     lupus     migraine  
 multiple sclerosis     rheumatoid arthritis     sarcoidosis     syphilis  
 tuberculosis

b. Are you currently taking any prescription medication or pills for any health conditions?  
Please list: \_\_\_\_\_

c. Are you currently pregnant?     Yes     No

d. When was the last visit to your family physician?  
 less than 1 yr.     1-2 yrs.     more than 2 yrs.