13923 W. Wainwright Dr., Suite 301 / Boise, ID 83713-1969 / (208) 938-5624
128 E. Mallard Dr. / Boise, ID 83706-3975 / (208) 323-8660

Denton R. Roberts, M.D. / James B. Earl, M.D., Ph.D. / Daniel J. Gealy, M.D.

HISTORY FORM- CONFIDENTIAL

Name:____

What problem(s) brought you to clinic today? __________________________

Allergies (Medicine):__________________________________

Current Medications:__________________________________

Past Ocular History:__________________________________

Past Medical History:__________________________________

Past Surgical History:__________________________________

Family History:

Ocular Condition:	Relationship:	Medical Condition:	Relationship:

Do you smoke? (Circle one) Y N Formerly How much? ________ How long? ________

Do you use alcohol? Y N How much?________How often?________

Do you drink caffeine? Y N How much per day?________

Do you use recreational drugs? (Circle one) Y N Formerly