RETINAL CONSULTANTS OF SOUTHERN CALIFORNIA
MEDICAL GROUP, INC. **DATE**______________________________
Please Print

NAME____ **SEX**: **M** **F**
Last **First** **MI**
HOME ADDRESS ____
Street **City** **State** **Zip**
HOME PHONE(**)**______________________**BUSINESS PHONE(** **)**____________________________

DATE OF BIRTH_____/______/______ **AGE** ________ **CELL PHONE(** **)**__________________________________

SOCIAL SECURITY NUMBER:__________________________**DRIVER'S LICENSE #**_________________________

OCCUPATION___________________________________**E-MAIL**_______________________________________

EMPLOYER'S NAME_______________________**EMPLOYER'S ADDRESS**_________________________________

SPOUSE/PARENT'S NAME___________________**SPOUSE/PARENT'S EMPLOYER**_________________________

IN CASE OF EMERGENCY CONTACT:

NAME____________________________________ **RELATIONSHIP**_____________________________

HOME PHONE(**)**____________________________ **BUSINESS PHONE(** **)**__________________________

WHO REFERRED YOU TO US?________________________**PHONE NUMBER**________________________________

NAME & ADDRESS OF FAMILY DOCTOR OR INTERNIST____

____**PHONE NUMBER (** **)**___________________________

MEDICAL INFORMATION: Please fill out so we may get as complete a medical history as possible.

1. Have you ever had any eye diseases (e.g., Glaucoma, cataract, macular degeneration, retinal detachment)? No
If yes, please explain____

2. Have you ever had any medical conditions diagnosed (e.g., Diabetes, high blood pressure, cancer)? No
If yes, please explain____

3. Have you ever been hospitalized? No
If yes, please explain____

4. Have you ever had eye surgery or eye laser? No
If yes, please explain____

5. Have you ever had any other surgery? No
If yes, please explain____

6. Do you take any eye medications or *other medications*? No
If yes, please list____
____

7. Do you have any drug allergies? No
If yes, please list____

8. Do any eye diseases or medical problems run in your family (e.g., Macular degeneration, diabetes)? No
If yes, please explain____