**EYE PHYSICIANS AND SURGEONS**

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MEDICAL CONDITIONS (CHECK ALL THAT APPLY)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Diabetes |  | Chemo / Radiation |  | Arthritis |
|  | Hypertension |  | Bell's Palsy |  | Rheumatoid Arthritis |
|  | Thyroid: hyper/hypo |  | Allergies / Hypersensitivity |  | Autoimmune Disease |
|  | Hepatitis C |  | Rosacea / Dermatitis |  | Lupus / Fibromyalgia |
|  | Facial Herpes Zoster /Shingles |  | Acne |  | Sjogren's |
|  | Androgen deficiency |  | Psoriasis |  | Sarcoidosis |
|  | Depression |  | Stevens-Johnson Syndrome |  | Scleroderma |
|  | Multiple Sclerosis |  | Sleep disorders / CPAP |  |  |

SYMPTOMS (CHECK ALL THAT APPLY)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Dry Mouth |  | Fatigue/Body Aches |  | Inability to Concentrate |
|  | Unexplained Fatigue |  | GI Distress |  | Numbness of Arms and Legs |
|  | Joint Pain |  | Muscle Weakness |  |  |

MEDICATIONS (CHECK ALL THAT APPLY)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Antihistamines |  | Antidepressants |  | Diuretics |
|  | Active bladder therapy |  | Birth control pills |  | Beta-blockers |
|  | Hormone replacement |  | Accutane Now or Past |  | Retinol / Retinoids |
|  | Fish oil/flaxseed oil |  | Botox injections |  |  |

OCULAR MEDICATIONS (CHECK ALL THAT APPLY)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Glaucoma Drops |  | Xiidra |  | FML |
|  | Allergy Drops |  | Lotemax |  | Autologous Serum Tears |
|  | Restasis |  | Pred Forte |  |  |

ENVIRONMENTAL IRRITANTS (CHECK ALL THAT APPLY)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Reading |  | Computer / Device use >4 Hrs. |  | Smoker |
|  | AC / Heat (home and car) |  | Wind |  | Fluorescent Lighting |
|  | Ceiling fans |  | Department stores |  | Air Travel > 2 x per month |

SPECIAL CONSIDERATIONS (CHECK ALL THAT APPLY)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Eye Surgery – When? |  | Lasik or PRK – When? |  | Cataract Surgery – When? |
|  | Alcohol Use – How Often? |  | Eyes irritated upon awakening. |  | Eyes irritated middle of the night? |
|  | Occupation? |  | Wear Aesthetic Lashes? |  | Punctual Plugs? |
|  | C-PAP |  |  |  |  |

|  |  |
| --- | --- |
| Pharmacy Phone Number: |  |
| Your Rheumatologist: |  |
| Your Primary Care Doctor: |  |
| Your Primary Eye Care Doctor: |  |
| Who referred you today? |  |