## **CONEJO-SIMI EYE MEDICAL GROUP**

□ 351 Rolling Oaks Dr, Suite 102, Thousand Oaks, CA 91360 (805)497-3744 □ 2045 Royal Ave, Suite 125, Simi Valley, CA 93065 (805)527-6720 □ 5643 Kanan Rd, Agoura Hills, CA 91301 (818) 889-2020

## Return Patient Information (please print)

Name			_Birthda	ate	Today's Date	
Date of your last eye exam		With Whom?				
List any medications you are currently	taking					
List any allergies to medications						
List any recent major illnesses and/or	injuries					
List any recent surgeries						
Do you currently have any problem i	n the following	areas?	If "yes"	' please provid	e details.	
Condition		No	Yes		Details	
Eyes: Blur, glare, red, pain, etc.						
General Constitution: Fever, weigh	ht loss, etc.					
Ears/Nose/Throat: Stuffy nose, ear						
dry mouth, etc.	,					
Cardiovascular: High blood pressu	re					
racing pulse, etc.	,					
<b>Respiratory:</b> Congestion, wheezing, asthma, etc.						
Gastrointestinal: Upset stomach, diarrhea, etc.						
Genital/Kidney/Bladder: Painful u				<del> </del>		
frequent urination, impotence, etc.	1 111 <b>a</b> tiO11,					
Muscles/Bones/Joints: Joint pain, s	tiffnagg					
	tiffiless,					
swelling, cramps, etc.	ata					
Skin: Pimples, warts, growths, rash,						
Neurological: Numbness, headaches, etc.						
Psychiatric: Anxiety, depression, insomnia						
Endocrine: Diabetes, hypothyroid, etc.						
Blood/lymph: Hypercholesterolemia, anemia						
Allergic/Immunologic: Sneezing, swelling,						
redness, itching, hives, etc.						
amily History:						
Changes in family medical status (mo	ther, father, sib	ling, gra	ındparer	nt)		
ocial History: Occupation						
farital status- ( ) Married	( ) Divorced	d (	) Widov	wed ( ) Sir	ngle ( ) Child	
iving arrangement- ( ) Own hom	( ) Own home ( ) Widowed ( ) Retirement home ( ) Assisted living					
Priving habits - ( ) Do not dri	( ) Do not drive ( ) Drive only in familiar areas ( ) No night driving ( ) No restrictions					
Oo you drink alcohol? ( ) No	ol? () No () Yes If "Y			Yes," Occasionally 1/day 2-3/day 4+/day		
Oo you smoke? ( ) No	() Yes If	'Yes," C	Occasion	ally <1pk/da	y 1pk/day >1pk/day	
Doctor's signature		Date				
John P. Fang, M.D.	Cbroon,M.D. Mangers, M.D Young, M.D.		□ Ashis	lin Zhang, M.D. sh Toor, M.D.,. n Martidis, M.D.	<ul> <li>□ Jaspinder Kalra, O.D.</li> <li>□ David Halpert, O.D</li> <li>□ Benica Eyvazzadeh, O.D.</li> </ul>	