

Ophthalmology Medical History Form

Client Information

Name *

First Name

Last Name

Pet's Name

Email *

example@example.com

Phone Number

Enter Phone Number

Best way to contact you

Email

Phone

Primary/Referring veterinarian name

Primary/Referring veterinarian clinic

PRIMARY/REFERRING VETERINARIAN phone

Enter Phone Number

Patient Information

Check all that apply to your pet

- Loss of vision
- Red Eye
- Squinting
- Rubbing at the eye
- Discharge from the eye
- Cloudiness of the cornea (clear window of the eye)
- White spot on the eye
- Black spot on the eye
- Divot on the eye
- Swelling of the eye
- Swelling around the eye
- Your veterinarian noted a problem and recommended referral

If your pet is having eye discharge, what does it look like-check all that apply

- | | | |
|-------|-------|--------|
| Clear | Grey | Yellow |
| Green | Brown | Bloody |

How long has your pet been having eye problems?

Please list all eye medications that your pet is taking. Include medication name, date started, how often applied, date/time of last administration

Please list any other medications that your pet is taking. Include medication name, date started, how often applied, date/time of last administration

Has your pet had eye problems in the past? If so please explain

Has your pet had any eye surgeries in the past? If yes, what was done and when?

Does your pet have any other illnesses such as

- Diabetes
- Heart murmur
- Kidney disease
- Seizures

Has your pet had any of the following signs

- Decrease in activity level
- Decrease in appetite
- Increase in appetite
- Decrease in thirst
- Increase in thirst
- Diarrhea
- Vomiting

Has your pet traveled out of the state?

Have you ever found a tick on your pet?

Is your pet current on vaccines?

Does your pet go outside?

Has your pet had any bloodwork, xrays, or other testing done in the past 3 months? If yes, at what clinic and when?

Do you have any other concerns about your pet's eyes you would like addressed?