BRISTOL COUNTY EYE CARE
DR. CARL A. SAKOVITS, OPTOMETRIST

1180 HOPE STREET
BRISTOL RHODE ISLAND 02809
(401) 253-9900
BRISTOLCOUNTYEYECARE.COM

Medical History

PLEASE PRINT

Name: ____ Date: _____/_____/_____
First *M.* *Last*

Have you ever had: Heart Disease Y/N High Blood Pressure Y/N Diabetes Y/N Breathing Problems Y/N

Other: _______________________________________ Do You Smoke? Y/N

Please list all medications you currently use- include prescription OTC and eye medications:

_______________________ _______________________ _______________________

_______________________ _______________________ _______________________

Please list all medications you are allergic to:

____

Please list any surgeries you have had including eye surgery:

____

Please list any injuries to your eyes or head:

____

Please list any eye diseases or blindness that is in your family:

____

Please gives us the name of your general medical doctor:

____
Name Address

When was your last full examination with an eye doctor: ___________________________________

Can we share your testing and laboratory results with your regular medical doctor? Y/N

I acknowledge that I have received a copy of the "Notice of Privacy" of Carl A. Sakovits, OD.

____/ ______/______
Signature: Date:

Bristol County Eye Care

Dr. Carl A. Sakovits, Optometrist

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