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Patient Name:	Birth Date:		Age:	Male Fen	ıale	
Primary Language:	Race:	Ethnicity: Non-Hisp] Hispani	
Street	Town	_ State _	Zip	SocSec#		
Home Phone	Work Ph		Cell Ph			
Pharmacy	Emergency Contact		Phone#			
Primary Care Physician:			Phone#			
Address		State	Zip			
	Blue Shield WNY 🗖 Comn			ID#		
Vision Insurance: □ VSP □	☐ Eyemed ☐ Nova Vision ☐	Other				
Health Plus, Community C Current Medications: please medications are considered to	ce card so we can scan it into a rard must be presented before the include name, strength and medications.	e an examin	you take it. Asp	ven. irin, vitamins & he	erbal	
Allergies to Medications or						
SOCIAL HISTORY: Tobacco Use: ☐ Yes ☐ No Alcohol Use: ☐ Yes ☐ No Lives: ☐ Alone ☐ With S	If yes, what product and how If yes, beverage, quantity, fre pouse □ With family □ V ves, □ Full Time or □ Part	v much? quency? Vith friend				
	☐ High Blood Pressure ☐				□ Heart	

<u>MEDIC</u>	CAL HISTORY:							
	Allergies Anemia Any Drug Habit Arthritis Asthma Atrial Fibrillation Back Ache/Problem Bipolar Disorder Bladder Disease Blood Transfusion Cancer Cholesterol Chronic Cough Diabetes		Difficulty Hearing Diverticulitis Easy Bruising Epilepsy Gallbladder Disease Gonorrhea/Syphilis Hay Fever Heart Disease High Blood Pressure Low Blood Sugar Jaundice Joint Swelling Kidney Disease Meningitis		Obstructive Sleep Osteoarthritis Osteoporosis Pneumonia Polio Rheumatic Fever Tuberculosis Other			
SURGICAL HISTORY: Please list the surgeries you have had.								
☐ Catara ☐ Retina ☐ Foreig OCULA Cataract: Retinal ☐ Lid Surg		Retinopat ht Eye D Eye	Left Eye <u>Tear Duc</u>		Corneal Abrasion □ Right Eye □ Left Eye □ Right Eye □ Left Eye			
	WOF SYSTEMS: If you also give further explanation	•	nave any of the following symvish.	nptoms, ple	ase circle the symptom.			
Ears/Nos Cardiova Respirato Gastroin C Urinary: Integumo Musculo Neurolog Psychiato Endocrir	tion: fever, unexpected weights se/Throat: hearing loss, singular: chest pain, irregular ory: shortness of breath, whatestinal: heart burn, abdom hange in bowel habits, blood pain or discomfort, blood entary: skin rash, excessive skeletal: muscle aches, join gic: numbness, tingling, we ric: depression, anxiety he: thirst, intolerance to ho ymph: easy bruising, eas	us, sore the heart bear heezing, continual pain, and in stool in urine, conskin drynt pain, sweakness, he	roat, nose bleeds at, palpitations ough diarrhea, vomiting hange in frequency ess, itchy ollen joints adaches, paralysis nce to cold					