Vermont Laser Vision at Timber Lane
Gregory J. McCormick, M.D.
55 Timber Lane
South Burlington, VT 05403
(802) 864-2010 (Phone)
(802) 864-1218 (Fax)

Name: ______________________________ Date: ______________

Allergies					
–Foods	Yes	No	– Medications	Yes	No
– Iodine	Yes	No	– Seasonal/Pollens	Yes	No
– Latex	Yes	No	– Skin	Yes	No

If yes to any of the above, please explain: ______________________________

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Arthritis	Yes	No	Heart Problems	Yes	No
Asthma	Yes	No	Hepatitis	Yes	No
Breathing Problems	Yes	No	High Blood Pressure	Yes	No
Cancer (type :_____________)	Yes	No	High Cholesterol	Yes	No
Chronic Bronchitis	Yes	No	Lupus Erythematosis	Yes	No
Collagen Vascular Disease	Yes	No	Pregnant/Nursing	Yes	No
Contact Lens Wear Problems	Yes	No	Rheumatoid Arthritis	Yes	No
Diabetes	Yes	No	Sjogren's Syndrome	Yes	No
Dry Eyes *without* Contact Lenses	Yes	No	Skin Problems	Yes	No
Eczema/Psoriasis	Yes	No	TB	Yes	No
Family History of Keratoconus	Yes	No	Thyroid Disease	Yes	No
Do you smoke?	Yes	No	If yes, # of packs per day______ for ______ years		

Do you ever have pain in your eyes upon awakening in the morning? Yes No

Have you ever had unusually slow healing from a skin wound or injury or keloid scar? Yes No

Have you ever taken Imitrex, Amiodarone or Accutane? Yes No

Medications (prescription or over-the-counter) being taken and dosages: ______________________________

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Any previous Eye Injuries? Yes No If yes, what type and when: ______________________________

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Any previous Eye Surgery? Yes No If yes, what type of surgery and when: ______________________________

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Has anyone in your family ever been diagnosed with or had: Cataracts, Corneal Transplants, Glaucoma, or Unexplained Poor Vision? Yes No If yes, who?:______________________________

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Medical History: ______________________________

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Surgical History: ______________________________

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For Office Use Only

Reviewed by: ______________________ Date: ________________