

Frank Eye Center  
1401 S Main St  
Ottawa, KS 66067  
P: (785) 242-4242

Kenneth J Frank, MD  
William H Campbell, MD  
Chad S Mies, OD  
F: (785) 242-7885

**MEDICAL QUESTIONNAIRE**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ MARITAL STATUS: M S W

BY WHAT NAME DO YOU WISH TO BE CALLED? \_\_\_\_\_

PRIMARY CARE PHYSICIAN: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

PREFERRED PHARMACY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

WHAT IS YOUR PREFERRED METHOD OF CONTACT: EMAIL TEXT PHONE MAIL

MEDICATION ALLERGIES: \_\_\_\_\_

LIST ANY EYE DROPS YOU ARE CURRENTLY TAKING AND HOW OFTEN: \_\_\_\_\_

LIST ANY MEDICATIONS, VITAMINS, HERBS AND/OR PATCHES (INCLUDE THE STRENGTH): \_\_\_\_\_

LIST ALL MAJOR ILLNESSES (GLAUCOMA, DIABETES, HIGH BLOOD PRESSURE, HEART ATTACK, ETC) OR INJURIES (CONCUSSIONS, ETC.): \_\_\_\_\_

LIST ALL SURGERIES WITH DATES (I.E CATARACT, APPENDECTOMY): \_\_\_\_\_

FAMILY HISTORY: (MOTHER=M, FATHER=F, GRANDPARENT=G, SIBLING=S)

DISEASE	FAMILY MEMBER	DISEASE	FAMILY MEMBER
Blindness		Stroke	
Cataract		Heart disease	
Glaucoma		Thyroid disease	
Macular degeneration		Cancer	
Diabetes		Other:	
Hypertension			

Would you like to access your medical record through a secure on-line portal? YES NO