



MEDICAL HISTORY

TallmanEye.com (978) 688-6182

Patient Name: _____ Date of Birth: _____

Primary Care Physician: _____

Other Care Physician: _____ Specialty: _____

CURRENT MEDICATION? (or copy of list) _____

ARE YOU ALLERGIC TO ANY MEDICATIONS? ☐ Yes ☐ No

If YES please list the medications: _____

HAVE YOU HAD ANY SURGERIES? ☐ Yes ☐ No

If YES please list all operations (cataract, appendectomy etc.): _____

PATIENT - MEDICAL HISTORY

YES	NO		YES	NO		YES	NO	
☐	☐	Allergies	☐	☐	Glaucoma	Other: _____		
☐	☐	Arthritis	☐	☐	Heart Disease/ High Blood Pressure			
☐	☐	Asthma	☐	☐	High Cholesterol			
☐	☐	Autoimmune/ Rheumatologic Disease	☐	☐	Liver Disease			
☐	☐	Diabetes ☐ Type 1 or ☐ Type 2	☐	☐	Macular Degeneration			
☐	☐	Cancer: Type:	☐	☐	Migraine			
☐	☐		☐	☐	Multiple Sclerosis			
			☐	☐	Thyroid Disease			

PATIENT - SOCIAL HISTORY

YES	NO	
☐	☐	Do you smoke?
☐	☐	Are you a previous smoker? What year did you quit?
☐	☐	Do you use recreational drugs?

PATIENT - PRIOR EYE SURGERIES

YES	NO	
☐	☐	Cataract ☐ Left eye ☐ Right eye
☐	☐	Lasik Year?
☐	☐	PRK Year?
☐	☐	Retinal Surgery

FAMILY - MEDICAL HISTORY

YES	NO	
☐	☐	Glaucoma
☐	☐	Macular Degeneration
Other Eye Diseases: _____		

Haverhill

62 Brown Street
Suite 205
Haverhill, MA 01830
Fax (978) 521-6269

Lawrence

360 Merrimack Street
Entrance I, Suite 125, 1st Floor
Lawrence, MA 01843
Fax (978) 685-0055

Nashua

505 West Hollis Street
Suite 109
Nashua, NH 03060
Fax (603) 882-3020

Newburyport

21 Highland Ave.
Suite 1
Newburyport, MA 01830
Fax (978) 792-5788

North Andover

451 Andover Street
N. Andover, MA 01845
Fax (978) 655-8545

Salem, NH

29 Stiles Road, First Floor,
Salem, NH 03079
Fax (603) 898-8568

Cataract and Laser Center

349 N. Main Street #6
Andover, MA 01810
Phone: (978) 475-0959