PATIENT MEDICAL HISTORY

Do You Wear Glasses? ☐ Y ☐ N / Year Made: __________ Contacts? ☐ Y ☐ N / Brand: ________________

Primary Care Physician: _______________________________________ Phone: ______________________

Height: ______ Weight: ______ Smoker: ☐ Y ☐ N / Diabetic: ☐ Y ☐ N / Blood Sugar Level: ______________

Current Medications: ____

Allergies to Medications: ____

Ocular History

Please check if you have a history of any of the following eye conditions

☐ Amblyopia
☐ Cataracts
☐ Dry Eyes
☐ Inflammation
☐ Injury
☐ Glaucoma
☐ Keratoconus
☐ Lazy Eye
☐ Macular or Retinal Degeneration
☐ Retinal Detachment
☐ Other: _________________

Family History

Please check if any family members have a history of any of the following conditions

☐ Cancer
☐ Cataracts
☐ Diabetes
☐ Dry Eyes
☐ Glaucoma
☐ Heart Disease
☐ Hypertension
☐ Macular or Retinal Degeneration
☐ Retinal Detachment
☐ Thyroid Dysfunction
☐ Other: _________________

REVIEW OF SYSTEMS

Please check if you have any of the following medical conditions

Eyes:
☐ Sudden loss/change in vision
☐ Burning/itch; excess tearing
☐ Redness
☐ Discharge
☐ Swelling of lid or growth

Constitutional:
☐ Fever
☐ Weight loss or gain
☐ Night sweats

Ear, Nose, Mouth, and Throat:
☐ Sinus infection
☐ Hearing loss/deafness
☐ Dry mouth

Allergic/Immunologic:
☐ Seasonal allergies
☐ Allergies to foods/clothing

Endocrine:
☐ Thyroid
☐ Diabetes

Cardiovascular:
☐ Heart attack
☐ Chest pain/angina
☐ Congestive heart failure
☐ Irregular heart beat
☐ High blood pressure
☐ Low blood pressure
☐ Pacemaker/defibrillator
☐ High cholesterol

Respiratory:
☐ Asthma
☐ Emphysema
☐ Bronchitis
☐ Tuberculosis
☐ COPD

Gastrointestinal:
☐ Hepatitis/jaundice
☐ Ulcers/bleeding
☐ Abdominal pain

Genitourinary:
☐ Bladder problems
☐ Kidney disease

Integumentary:
☐ Eczema
☐ Herpes zoster/shingles
☐ Rosacea
☐ Dermatitis

Neurological:
☐ Headaches/migraines
☐ Tumor
☐ Epilepsy
☐ Stroke/TIA
☐ Multiple Sclerosis

Musculoskeletal:
☐ Arthritis
☐ Osteoarthritis
☐ Muscular dystrophy
☐ Fibromyalgia

Psychiatric:
☐ Depression
☐ Anxiety
☐ Bipolar Disorder
☐ ADD/ADHD