Medical History

Allergies		Occular History	
Medications		Injuries/ Surgeries	

Family History

Family Medical History: Note relation to yourself in the box (example: "Mother", "Paternal Grandfather" etc.)

☐ Blindness		☐ Cancer	
☐ Cataracts		☐ Diabetes	
☐ Macular Degeneration		☐ Heart Disease	
☐ Glaucoma		☐ High Blood Pressure	
☐ Retinal Detatchment		☐ Kidney Disease	
☐ Crossed Eyes		☐ Arthritis	
☐ Lupus		☐ Thyroid Disease	

Other: ________ ☐ Currently pregnant or nursing.

Patient

☐ Doesn't Drive ☐ Drives ☐ Doesn't Use Tobacco ☐ Uses Tobacco

Driving Difficulties ________ Type/Amount/How Long? ________

☐ Doesn't Drink Alcohol ☐ Drinks Alcohol ☐ Doesn't Use Illegal Drugs ☐ Uses Illegal Drugs

Type/Amt/HowLong ________ Type/Amt/HowLong ________

Have you ever been exposed to or infected with ☐ Gonhorrhea ☐ Hepatitis ☐ Syphilis ☐ HIV

Review of Systems. Please check all that apply to you.

Eyes
- ☐ Vision Loss
- ☐ Blurry Vision
- ☐ Distorted Vision
- ☐ Double Vision
- ☐ Dryness
- ☐ Redness
- ☐ Mucous Discharge
- ☐ Gritty Feeling
- ☐ Itching
- ☐ Burning
- ☐ Excess Watering
- ☐ Light Sensitivity
- ☐ Eye Pain/Soreness
- ☐ Chronic Infection
- ☐ Sties
- ☐ Flashes
- ☐ Floating Spots
- ☐ Tired Eyes
- ☐ Cataracts
- ☐ Diabetic Retinopathy
- ☐ Glaucoma
- ☐ Macular Degeneration
- ☐ Retinal Detatchment

Gastrointestinal
- ☐ Colitis
- ☐ Crohn's Disease
- ☐ Ulcers
- ☐ Constipation
- ☐ Diarrhea

Constitutional
- ☐ Fever
- ☐ Weight Loss/Gain
- ☐ Fatigue
- ☐ Trauma

Integumentary (Skin)
- ☐ Eczema
- ☐ Rosacea
- ☐ Psoriasis

Neurologic
- ☐ Headaches
- ☐ Migraines
- ☐ Seizures
- ☐ Mult. Sclerosis

Endochrine
- ☐ Non Insulin Diabetes
- ☐ Insulin Diabetes
- ☐ Thyroid Dysfunction
- ☐ Hormonal Dysfunction

Respiratory
- ☐ Asthma
- ☐ Bronchitis
- ☐ Emphysema

Cardiovascular
- ☐ Heart Disease
- ☐ Hypertension
- ☐ Hypercholesterolemia

Ears/Nose/Throat
- ☐ Allergies
- ☐ Sinus Congestion
- ☐ Runny Nose
- ☐ Post Nasal Drip
- ☐ Chronic Cough
- ☐ Dry Throat/Mouth

Allergic/Immune
- ☐ Drug Allergies
- ☐ Seasonal Allergies
- ☐ Lupus
- ☐ Arthritis

Lymphatic/Hematologic
- ☐ Anemia
- ☐ Bleeding Problems
- ☐ Leukemia

Musculoskeletal
- ☐ Fibromyalgia
- ☐ Muscular Dystrophy
- ☐ Osteoarthritis
- ☐ Ankylosing Spond.

Genitourinary
- ☐ Kidney Problems
- ☐ Bladder Problems
- ☐ STD's

Please list any other symptoms you may be experiencing.