



## MEDICAL HISTORY

Patient Name \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Smoking History:**  Former  Current  Never

**PAST OCULAR SURGERIES**

**PAST MEDICAL HISTORY**

For the following conditions please check (√) what may pertain to you:

- |   |  |  |
|---|--|--|
| <input type="radio"/> Cataract                      | <input type="radio"/> Diabetes                 | <input type="radio"/> Hepatitis            |
| <input type="radio"/> Glaucoma                      | <input type="radio"/> Hypertension             | <input type="radio"/> Migraines            |
| <input type="radio"/> Coronary Artery Disease       | <input type="radio"/> Arthritis                | <input type="radio"/> Lupus                |
| <input type="radio"/> Posterior Vitreous Detachment | <input type="radio"/> Heart Attack             | <input type="radio"/> Anemia               |
| <input type="radio"/> Retinal Hole                  | <input type="radio"/> Congestive Heart Failure | <input type="radio"/> Elevated Cholesterol |
| <input type="radio"/> Retinal Detachment            | <input type="radio"/> Arrhythmia               | <input type="radio"/> Lyme disease         |
| <input type="radio"/> Strabismus (Crossed Eye)      | <input type="radio"/> Heart Blockage           | <input type="radio"/> Kidney Disease       |
| <input type="radio"/> Amblyopia (Lazy Eye)          | <input type="radio"/> Asthma                   | <input type="radio"/> Rosácea              |
| <input type="radio"/> Eye Infections                | <input type="radio"/> Emphysema/Bronchitis     | <input type="radio"/> Stroke               |
| <input type="radio"/> Blepharitis                   | <input type="radio"/> Tuberculosis             | <input type="radio"/> Sjogren's syndrome   |
| <input type="radio"/> Ptosis Repair                 | <input type="radio"/> Seasonal Allergies       | <input type="radio"/> Multiple Sclerosis   |
| <input type="radio"/> Blocked Tear Duct             | <input type="radio"/> HIV/AIDS                 | <input type="radio"/> Herpes Zoster Virus  |
| <input type="radio"/> Laser: _____                  | <input type="radio"/> Liver Disease            | <input type="radio"/> Herpes Simplex virus |
| <input type="radio"/> Others: _____                 | <input type="radio"/> Thyroid Disease          | <input type="radio"/> Other: _____         |

**CURRENTLY NOT TAKING ANY MEDICATIONS**

**OCULAR MEDICATIONS**

**GENERAL MEDICATIONS**

**GENERAL SURGERIES**


**DRUG ALLERGIES** : for any of the following Drug Allergies please check (√)

- Adhesive Tape  Penicillin  Sulfa  Iodine/Betadine/Shellfish  Local Anesthetics /Novocain
- No Known Drug Allergies  Other: \_\_\_\_\_

	Mother	Father	Sibling	Child	Grandparent
Diabetes					
Hypertension					
Heart Disease					
Cataracts					
Macular Degeneration					
Retinal Disease					
Glaucoma					

**FAMILY HISTORY**

Please indicate with a check (√) relatives with any of the following conditions



## REVIEW OF SYSTEMS

For the following current conditions please check (√) what pertains to you:

### EYES

- Contact Lens Wearer
- Pain
- Double Vision
- Glaucoma
- Cataract
- Dry Eye Syndrome

### EARS NOSE THROAT

- Hard of Hearing
- Ringing in the Ears
- Vertigo

### CARDIOVASCULAR

- Chest Pain
- Dizziness
- Fainting Spells
- Shortness of Breath
- Irregular Heartbeat
- Difficulty Lying Flat

### CONSTITUTIONAL

- Fatigue/Weakness
- Fever
- Weight Gain/Loss

### RESPIRATORY

- Cough
- Congestion
- wheezing
- Asthma
- COPD

### GASTROINTESTINAL

- Heartburn
- Nausea
- Jaundice/Hepatitis

### URINARY

- Pain
- Blood in Urine
- History of Kidney Stones
- History of STD's

### PSYCHIATRIC

- Seizures
  - Anxiety/Depression
- Mood Swings
- Difficulty sleeping

### ENDOCRINE

- Increase Thirst
- Increase Hunger
- Increase Urination
- Increase Sweating
- Change in finger nail color

### BLOOD/LYMPH NODES

- Easy Bruising
- Gums Bleed Easily
- Prolonged Bleeding
- Heavy Aspirin Use
- Macular Degeneration

### MUSCULOSKELETAL

- Stiffness
- Arthritis
- Joint pain/Swelling

### SKIN

- Rash
- Lesions
- Hives/Eczema

### NEUROLOGICAL

- Weakness/Paralysis
- Tremor
- Numbness

### IMMUNOLOGIC

- Hives
- Itching
- Runny Nose
- Sinus Pressure