

MEDICAL HISTORY

Name: _____ Age: _____

Reason for today's visit? _____

Do you have any of the following? If yes, please mark those that are applicable.

Eye Conditions:

- Cataracts
- Age-related Macular Degeneration
- Glaucoma
- Diabetes
- Diabetic Retinopathy
- Dry Eye
- Eye infection, inflammation, or allergy
- Floaters
- Flashes of light
- Iritis or Uveitis
- Retinal Defects or Degeneration

Vision Concerns:

- Blurred Vision
- Eyestrain
- Eye Pain
- Severe sensitivity to lights
- Headache
- Poor night vision
- Double vision
- Total loss of vision

Family History of:

- Cataracts
- Age-related Macular Degeneration
- Glaucoma
- Diabetes
- Diabetic Retinopathy
- Retinal Defects or Degeneration

Eye Concerns:

- Redness
- Burning
- Itching
- Tearing
- Discharge

Are you currently taking any medications? Yes No If yes, please list:

Are you allergic to any medications or environmental factors? Yes No If yes, please list:

Have you had any operations (including eyes)? Yes No If yes, please list:

Do you drink alcohol? Yes No If yes.....How much? _____, How long? _____
Do you use tobacco products? Yes No If yes.....How much? _____, How long? _____
What type? _____

Do you wear contact lenses? Yes No If yes.....what type? _____

Completed by: _____ Date: _____

MEDICAL HISTORY

How is your general health? _____

Do you have any of the following major illnesses? Yes No If yes, please mark those that are applicable.

Constitutional:

- Developmental Disabilities
- Cancer
- Fatigue Syndrome

Ear, Nose, and Throat:

- Dry Mouth
- Laryngitis
- Hearing Loss
- Sinusitis

Neurological:

- Cerebral Palsy
- Tumor
- Multiple Sclerosis
- Epilepsy
- Stroke
- Migraines

Psychological:

- Bipolar
- Depression
- Anxiety Disorder
- Attention Deficit Disorder

Cardiovascular:

- CHF
- Vascular Disease
- Heart Disease
- Hypertension
- Stroke

Respiratory:

- COPD
- Emphysema
- Bronchitis
- Asthma
- Sleep Apnea

GI:

- Colitis
- Ulcer
- Acid Reflux
- Celiac Disease
- Chron's disease

GU:

- Chlamydia
- Benign Prostate Hypertrophy
- Pregnant
- Nursing
- Herpes
- Kidney Disease
- Prostate Disease

Musc/Skel:

- Gout
- Osteoporosis
- Ankylosing Spondylitis
- Muscular Dystrophy
- Fibromyalgia
- Osteoarthritis
- Arthritis

Integ:

- Eczema
- Rosacea
- Cold Sores
- Psoriasis
- Shingles

Endocrine:

- Thyroid Dysfunction
- Hormonal Dysfunction
- Type 2 Diabetes
- Type 1 Diabetes

Hem/Lymph:

- Ulcer
- Large Volume Blood Loss
- High Cholesterol
- Anemia

Immune:

- Lupus
- Rheumatoid Arthritis
- Environmental Allergies
- Sjogren's Syndrome
- Ankylosing Spondylitis