

Medical and Social History

Current Allergies/Drug Allergies: _____

Current Medications: _____

Ocular History: _____

Injuries/Surgeries: _____

Are You Pregnant : Y or N

Do You Wear (please Circle): Glasses, Contacts; Hard or Soft, Are Contacts Comfortable? Y or N

Primary Care Provider: _____ Primary Care Provider Phone: _____

Last Eye Care Provider: _____ Last Eye Care Provider Phone: _____

Family History: example: "Mother", "Paternal Grandfather", "Maternal Grandfather", "Aunt", etc..

___ Blindness	_____	___ Cancer	_____
___ Cataracts	_____	___ Diabetes	_____
___ Macular Degeneration	_____	___ Heart Disease	_____
___ Glaucoma	_____	___ High Blood Pressure	_____
___ Retinal Detachment	_____	___ Kidney Disease	_____
___ Crossed Eyes	_____	___ Arthritis	_____
___ Lupus	_____	___ Thyroid Disease	_____
___ Unknown	_____	___ Other	_____

Social History: (please check all that apply to you)

Doesn't Drive: ___ Drives: ___ Explain Driving Difficulties: _____

Uses Tobacco: ___ Doesn't Use Tobacco: ___ Type/AMT/How Long: _____

Current Everyday Smoker: ___ Current Someday Smoker: ___ Former Smoker: ___ Never Smoker: ___

Doesn't Drink Alcohol: ___ Drinks Alcohol: ___ Type/AMT/How Long: _____

No Use of Illegal Drugs ___ Uses Illegal Drugs: ___ Type/AMT/How Long: _____

Have You ever been exposed or infected with: Gonorrhea: ___ Hepatitis: ___ Syphilis: ___ HIV: ___

Organ Donor Status: Yes: ___ No: ___ Unknown: ___

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 Detachment

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

Endocrine

- Non Insulin Diabetes
- Insul. Diabetes
- Thyroid Dysfunction
- Hormonal Dysfunction

Respiratory

- Asthma
- Bronchitis
- Emphysema

Other

Cardiovascular

- Heart Disease
- Hypercholesterolemia
- Hypertension

Ear/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
- STDs