



## 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