

Family Physician: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_

**Chief Complaint: (How can we help you today? In this space please briefly tell us any signs or symptoms you are experiencing)**

Which eye?    Right    Left    Both

**When did it start?**

**Please list all systemic and ocular medications currently taking including over the counter meds. (if you have a list we would be glad to make a copy)**

**List any drug allergies.**

**Have you been diagnosed or have symptoms of any ocular conditions?** (Glaucoma, Macular Degeneration, Retinal Detachment, Cataract, Dry Eyes, Watery Eyes, Flashes, Floaters, Double Vision, or Blurry or uncomfortable vision.)

**Any ocular surgeries?** ( Cataract, Retinal, or other? )

**Any ocular trauma or injuries?** ( Foreign bodies or other?)

**Any family history of any ocular conditions?** (Glaucoma, macular degeneration, retinal detachments, cataracts, or other? )

**(continued on back)**

MEDICAL HISTORY FORM

Any family history of Diabetes? [ ]Y [ ]N

Have you ever been diagnosed with cancer? [ ]Y [ ]N

Currently Pregnant? [ ]Y [ ]N

Do you use any tobacco products? [ ]Y [ ]N

**Review of Symptoms**—Do you have a history of:

| <b>Allergic</b>                  | <b>Y</b> | <b>N</b> | <b>Immunologic</b>          | <b>Y</b> | <b>N</b> |
|----------------------------------|----------|----------|-----------------------------|----------|----------|
| Hay Fever                        | [ ]      | [ ]      | Herpes Zoster               | [ ]      | [ ]      |
|                                  |          |          | Sjogren’s Syndrome          | [ ]      | [ ]      |
| <b>Cardiovascular</b>            |          |          | <b>Integumentary (Skin)</b> |          |          |
| Cardiovascular disease           | [ ]      | [ ]      | Dermatitis                  | [ ]      | [ ]      |
| Elevated Cholesterol             | [ ]      | [ ]      | Ocular Rosacea              | [ ]      | [ ]      |
| Hypertension                     | [ ]      | [ ]      |                             |          |          |
| Stroke                           | [ ]      | [ ]      |                             |          |          |
| <b>Constitutional</b>            |          |          | <b>Musculoskeletal</b>      |          |          |
| Fever                            | [ ]      | [ ]      | Ankylosing Spondylitis      | [ ]      | [ ]      |
| Weight Loss                      | [ ]      | [ ]      | Arthritis                   | [ ]      | [ ]      |
|                                  |          |          | Myasthenia Gravis           | [ ]      | [ ]      |
| <b>Ears, Nose, Mouth, Throat</b> |          |          | <b>Neurological</b>         |          |          |
| Dry Mouth                        | [ ]      | [ ]      | Headaches                   | [ ]      | [ ]      |
| Hearing Loss                     | [ ]      | [ ]      | Multiple Sclerosis          | [ ]      | [ ]      |
| <b>Endocrine</b>                 |          |          | <b>Psychiatric</b>          |          |          |
| Diabetes                         | [ ]      | [ ]      | Attention Disorder          | [ ]      | [ ]      |
| Thyroid problems                 | [ ]      | [ ]      | Depression                  | [ ]      | [ ]      |
|                                  |          |          | Learning Disorder           | [ ]      | [ ]      |
| <b>Gastrointestinal</b>          |          |          | <b>Respiratory</b>          |          |          |
| Colitis                          | [ ]      | [ ]      | COPD                        | [ ]      | [ ]      |
| Ulcers                           | [ ]      | [ ]      | Asthma                      | [ ]      | [ ]      |
|                                  |          |          | Emphysema                   | [ ]      | [ ]      |
| <b>Hematologic/Lymphatic</b>     |          |          |                             |          |          |
| Anemia                           | [ ]      | [ ]      |                             |          |          |
| Hematologic disorder             | [ ]      | [ ]      |                             |          |          |