



Medical and Ocular History

NAME _____

DATE OF BIRTH _____

CURRENT MEDICAL DOCTOR _____

RACE / ETHNICITY: WHITE AFRICAN AMERICAN
 HISPANIC NATIVE AMERICAN
 ASIAN OTHER: _____

LAST EYE DOCTOR _____ DATE OF VISIT _____

PERSONAL OCULAR HISTORY

- GLAUCOMA _____
- CATARACTS _____
- MACULAR DEGENERATION _____
- EYE INJURY _____
- RETINAL DISEASE _____
- OTHER DISEASE _____
- BLINDNESS _____
- STRABISMUS (EYE TURN) _____
- AMBLYOPIA (LAZY EYE) _____
- DIABETES _____
- DRY EYE _____
- GLASSES _____
- CONTACT LENSES _____
- EYE SURGERY _____
- OTHER _____

FAMILY HISTORY (include who...siblings, parents)

- GLAUCOMA _____
- CATARACTS _____
- MACULAR DEGENERATION _____
- EYE INJURY _____
- RETINAL DISEASE _____
- OTHER DISEASE _____
- BLINDNESS _____
- STRABISMUS (EYE TURN) _____
- AMBLYOPIA (LAZY EYE) _____
- DIABETES _____
- CANCER _____
- HEART DISEASE _____
- HIGH BLOOD PRESSURE _____
- STROKE _____
- OTHER _____

REVIEW OF SYSTEMS (circle those that apply to you)

- CONSTITUTION (General): weight gain, weight loss, fatigue, fever, other NONE
- CARDIOVASCULAR: heart disease, angina, arrhythmia, high blood pressure, high cholesterol, stroke, edema, other NONE
- EARS, NOSE, MOUTH, THROAT: tinnitus, hearing loss, sinus, allergies, other NONE
- RESPIRATORY: cough, shortness of breath, emphysema, asthma, other NONE
- GASTROINTESTINAL: nausea, diarrhea, constipation, abdominal pain, reflux disease, Crohn's disease, other NONE
- GENITOURINARY: kidney stones, pain, infections, enlarged prostate, other NONE
- MUSCULOSKELETAL: arthritis, joint pain, muscle pain, back pain, difficulty walking, other NONE
- INTEGUMENTARY: eczema, breast lump, skin cancer, skin / hair / nails, other NONE
- NEUROLOGICAL: headaches, migraines, dizziness, seizures, tremors, paralysis, head/spine injury, MS, other NONE
- PSYCHIATRIC: depression, anxiety, confusion, memory loss, Alzheimer's, ADHD, other NONE
- ENDOCRINE: diabetes, hypothyroid (low), hyperthyroid (high), hormone problem, glandular problem, enlarged pituitary, other NONE
- Diabetic Details: Date of Diagnosis _____ Type: 1 2 borderline Last A1C _____% Last Blood Sugar Measure _____ mg/dl
- HEMATOLOGIC/ LYMPHATIC: anemia, bleeding, phlebitis, enlarged nodes, lymphatic cancer, other NONE
- ALLERGIC/ IMMUNOLOGIC: medicine / food / environmental allergy, HIV, AIDS, hepatitis, cancer, other NONE
- MEDICINE ALLERGIES: Sulfa Penicillin Codeine Others _____ NONE

NOTES: _____

