MEDICAL HISTORY FORM

REASON FOR TODAY'S EXAMINATION:

_____

MEDICATIONS/ VITAMINS/ SUPPLEMENTS:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

DRUG ALLERGIES:

_____

MEDICAL CONDITIONS: (Please circle)

Diabetes Hypertension Cholesterol Thyroid Heart Condition

Previous Concussions Double Vision

Please list any additional medical conditions you have been diagnosed with:

_____

PAST HISTORY

Have YOU ever been diagnosed with eye problems?
Cataracts Y / N Glaucoma Y / N Macular Degeneration Y / N
Other: _____

Have YOU ever taken any eye medications?
Y / N If Yes, which ones? _____

Have YOU ever had any surgeries?
Y / N If Yes, please explain: _____

FAMILY HISTORY

Has anyone in your immediate family ever been diagnosed with?
Glaucoma: Y / N Macular Degeneration: Y / N
Other: _____
If Yes, who: _____

Has anyone in your family been treated for?
Hypertension: Y / N Diabetes: Y / N Heart condition: Y / N
If Yes, who: _____

SOCIAL HISTORY

Do you currently or have you ever smoked?
Y / N If yes, how many packs per day? _____ How many years? _____ When did you quit? _____

Do you consume Alcohol?
Y / N If yes, select: Socially ____; 1-2 drinks per day ____; More than 2 drinks per day ____

REVIEW OF SYSTEMS

Allergic/Immunologic NONE □	**Endocrine** NONE □	**Hematologic/Lymphatic** NONE □	**Psychiatric** NONE □
□ Drug Allergy	□ Type I Diabetes	□ Anemia	□ Depression
□ Environmental allergy	□ Type II Diabetes	□ Large volume blood loss	□ Panic disorder
□ Rheumatoid Arthritis	□ Thyroid dysfunction	□ Leukemia	□ Anxiety
□ Lupus	□ Hormonal dysfunction	□ Other	□ Schizophrenia
□ Other	□ Other		□ Other

Cardiovascular NONE □	**Eyes** NONE □	**Integumentary** NONE □	**Respiratory** NONE □
□ Heart disease	□ Glaucoma	□ Eczema	□ Cigarette smoker
□ Hypertension	□ Cataracts	□ Rosacea	□ Asthma
□ Stroke	□ Macular degeneration	□ Psoriasis	□ Bronchitis
□ Vascular disease	□ Surgery	□ Other	□ Emphysema
□ Other	□ Other		□ Other

Consitutional NONE □	**Gastrointestinal** NONE □	**Musculoskeletal** NONE □	**Ear, Nose & Throat** NONE □
□ Developmental disability	□ Crohn's	□ Fibromylagia	□ Upper resp. tract infection
□ Weight loss	□ Colitis	□ Muscular dystrophy	□ Other
□ Fever	□ Ulcer	□ Osteoarthritis	
□ Fatigue	□ Digestive	□ Ankylosing Spondylitis	
□ Trauma	□ Other	□ Other	

Neurological NONE □	**Genitourinary** NONE □
□ Multiple sclerosis	□ STD – viral herpetic or chlamydia
□ Epilepsy	□ Other
□ Other	