MEDICAL HISTORY QUESTIONNAIRE

Name:______________________________ Date:______________

Current Eye Medications (including OTC):______________________________

Current General Medications:______________________________

____

____

Allergies to Medicines:______________________________

Other Allergies:______________________________

Describe all serious illnesses, injuries and surgeries:______________________________

____

Primary Care Physician:______________________________ Phone#:______________

FAMILY HISTORY

Please note any family member with the following diseases/conditions
M-mother, F-father, S-sibling, GP-grandparent

		YES	NO			YES	NO
Arthritis	____	☐	☐	Diabetes	____	☐	☐
Blindness	____	☐	☐	Glaucoma	____	☐	☐
Cancer	____	☐	☐	Heart Disease	____	☐	☐
Cataracts	____	☐	☐	Hypertension	____	☐	☐
Crossed Eyes	____	☐	☐	Retinal Dz.	____	☐	☐

SOCIAL HISTORY

Health Habits
Check which substances you use and the consumption.

	YES	NO
Alchohol Quantity:__________	☐	☐
Drugs Quantity:__________	☐	☐
Tobacco Quantity:__________	☐	☐

Social History
Please indicate hobbies and interest:

	YES	NO
Computers	☐	☐
Fishing	☐	☐
Golfing	☐	☐
Hunting	☐	☐
Music	☐	☐
Reading	☐	☐

REVIEW OF SYSTEMS

PLEASE MARK EACH QUESTION YES OR NO AS PERTAINS TO PATIENT

	YES	NO
EYES		
Cataracts	☐	☐
Contacts	☐	☐
Crossed Eyes (Amblyopia)	☐	☐
Double Vision	☐	☐
Flashes/Floaters in vision	☐	☐
Glasses	☐	☐
Glaucoma	☐	☐
Loss of Vision	☐	☐
Retinal Disease	☐	☐
BONE/JOINT/MUSCLE		
Arthritis	☐	☐
Joint/Muscle Pain	☐	☐
Polio	☐	☐
CANCER __________		
Breast	☐	☐
Lung	☐	☐
Prostate	☐	☐
Skin	☐	☐
Other	☐	☐
CONSTITUTIONAL		
Fever	☐	☐
Weight Gain/Loss (sudden)	☐	☐
ENDOCRINE		
Diabetes	☐	☐
Thyroid Abnormalities	☐	☐
EAR, NOSE AND THROAT		
Hard of Hearing	☐	☐
Chronic Cough	☐	☐
Dry Mouth/Throat	☐	☐
Hay Fever	☐	☐
Sinus Congestion	☐	☐
GASTROINTESTINAL (Stomach)		
Constipation	☐	☐
Diarrhea	☐	☐
Ulcers	☐	☐

	YES	NO
GENITOURINARY		
Chlamydia	☐	☐
Gonorrhea	☐	☐
Kidney Disease	☐	☐
Syphilis	☐	☐
INTEGUMENTARY (Skin)		
Eczema	☐	☐
Psoriasis	☐	☐
Rash	☐	☐
LYMPHATIC/HEMATOLOGIC		
AIDS	☐	☐
Anemia	☐	☐
Bleeding Disorders	☐	☐
Hepatitis	☐	☐
Herpes	☐	☐
HIV Positive	☐	☐
Liver Disease	☐	☐
NEUROLOGIC		
Alzheimers	☐	☐
Epilepsy	☐	☐
Headaches	☐	☐
Migraines	☐	☐
Multiple Sclerosis	☐	☐
Seizures	☐	☐
PSYCHIATRIC		
Depression	☐	☐
High Anxiety	☐	☐
REPRODUCTIVE		
Pregnant	☐	☐
RESPIRATORY		
Asthma	☐	☐
Chronic Bronchitis	☐	☐
Emphysema	☐	☐
Pneumonia	☐	☐
Tuberculosis	☐	☐
VASCULAR		
Heart Disease	☐	☐
High Blood Pressure	☐	☐
High Cholesterol	☐	☐
Stroke	☐	☐

FOR OFFICE USE

Reviewed:__________ Reviewed:__________ Reviewed:__________

Reviewed:__________ Reviewed:__________ Reviewed:__________