

# Medical History & Review of Systems

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please check all boxes that apply to you.

**Endocrine Problems:**  None

- Diabetes
- Thyroid Disorder
- Other \_\_\_\_\_

**Cardiovascular Problems:**  None

- High Blood Pressure
- Heart Attack or Chest Pain (Angina)
- Abnormal Heart Beat
- Heart Failure
- Angioplasty or Heart Surgery
- Other \_\_\_\_\_

**Respiratory Problems:**  None

- Shortness of Breath
- Coughing
- Asthma/Emphysema/Chronic Obst. Pulm. Dz.
- Other \_\_\_\_\_

**Head/Ear/Nose/Throat Problems:**  None

- Headaches/Tender Scalp/Jaw Pain/Stiff Neck
- Hearing Loss
- Other \_\_\_\_\_

**Digestive Problems:**  None

- Reflux
- Constipation/Diarrhea
- Other \_\_\_\_\_

**Genitourinary Problems:**  None

- Dialysis or Kidney Failure
- Sexually Transmitted Disease
- Other \_\_\_\_\_

**Musculoskeletal Problems:**  None

- Osteo Arthritis or Rheumatoid Arthritis
- Migratory or Moving Joint Pains
- Lower Back Pains
- Other \_\_\_\_\_

**Neurologic/Psychiatric Problems:**  None

- Stroke or Transient Ischemic Attacks
- Mood Disorder: Depression/Anxiety/etc.
- Other \_\_\_\_\_

**Skin Problems:**  None

- Rashes
- Sores in Mouth or Genitals
- Other \_\_\_\_\_

**Cancer:**  None

- Type/s: \_\_\_\_\_

**Blood/Immune Problems:**  None

- Bleeding or Clotting Problems
- Auto-immune Disease \_\_\_\_\_
- AIDS/HIV
- Anemia
- Other \_\_\_\_\_

**Constitutional Symptoms:**  None

- Fever
- Fatigue
- Unexpected Weight Loss or Gain

**"Family" Eye History (Other than You):**  None

- Macular Degeneration
- Retinal Tears or Detachments
- Glaucoma
- Other \_\_\_\_\_

**Social History:**  None

- Live Alone
- Live with (relationship) \_\_\_\_\_
- Retired
- Occupation \_\_\_\_\_

**Habits:**  None

- Tobacco use \_\_\_\_\_
- Alcohol use \_\_\_\_\_
- Street Drug use \_\_\_\_\_
- Herbal/Vitamin Supplements \_\_\_\_\_

**Surgeries:**  None

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Allergies:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Please bring all of your medications, supplements and eye drops with you to your appointment or complete the medication list section on the next page.