

## Patient Health History

### Personal Information

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex M F  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Hand Preference (e.g. Left, Right) \_\_\_\_\_  
Primary Care Physician & Approximate Date Last Seen \_\_\_\_\_

### Medical / Family History

Please list all of your current medications (include over-the-counter, vitamins, and herbal therapy):

---

---

List all major surgeries (eye surgery included):

---

---

List allergic conditions (medications, seasonal, mold, dust, latex, eye drops):

---

---

Please indicate if any of these conditions apply to  
**YOU:**

- Cataract
- Eye Turn
- Glaucoma
- Macular Degeneration
- Retinal Detachment
- Other: \_\_\_\_\_

Please indicate if any of these conditions apply to  
**a Family Member:**

- Cataract
- Eye Turn
- Glaucoma
- Macular Degeneration
- Retinal Detachment
- Other: \_\_\_\_\_

Women:

- Are you pregnant?
- Are you nursing?

### Social History

Please indicate your current status below:

#### Tobacco Use

- Never Smoked
- Former Smoker
- Current Everyday Smoker
- Current Some Day Smoker
- Heavy Tobacco Smoker
- Light Cigarette Smoker (1-9 cigs / day)
- Current Smokeless Tobacco User
- Current Vape / E-Cig User

#### Alcohol Use

- None
- Social Use Only
- 1-2 drinks daily
- More than 2 drinks daily

#### Narcotic Use

- None
- Recreational Use
- Medical Use

## Review of Systems

Please indicate below if you have currently or have ever had problems with any of the following conditions:

### Allergy

- No Concerns
- Yes - See details listed above

### Cardiovascular

- No Concerns
- Heart Disease
- High Blood Pressure
- Stroke
- Other: \_\_\_\_\_

### Constitutional (General Health)

- No Concerns
- Dizziness
- Fatigue
- Fever
- Weight loss / gain
- Other: \_\_\_\_\_

### Endocrine

- No Concerns
- Cholesterol (Elevated)
- Crohn's Disease
- Diabetes
- Pituitary Disorder
- Thyroid Disorder
- Other: \_\_\_\_\_

### Gastrointestinal

- No Concerns
- Acid Reflux
- Colitis
- Ulcer
- Other: \_\_\_\_\_

### Genitourinary

- No Concerns
- Kidney Stones
- Prostate Disorder
- STI (Chlamydia, Syphilis, etc.)
- Other: \_\_\_\_\_

### Head

- No Concerns
- Chronic Cough
- Dry Mouth
- Headaches
- Migraines
- Ringing Ears
- Sinusitis
- Trauma
- Other: \_\_\_\_\_

### Hematologic / Lymphatic

- No Concerns
- Anemia
- Bleeding Disorder
- Breast Cancer
- Hodgkin's Disease
- Leukemia
- Other: \_\_\_\_\_

### Immunologic

- No Concerns
- AIDS
- Chicken Pox
- Herpes Simplex (Cold Sores)
- Herpes Zoster (Shingles)
- Lyme Disease
- Other: \_\_\_\_\_

### Integumentary (Skin)

- No Concerns
- Acne
- Acne Rosacea
- Eczema
- Lupus
- Psoriasis
- Other: \_\_\_\_\_

### Musculoskeletal

- No Concerns
- Arthritis
- Fibromyalgia
- Osteoporosis
- Rheumatoid Arthritis
- Other: \_\_\_\_\_

### Neurological

- No Concerns
- Blackouts
- Dyslexia
- Epilepsy
- Fainting
- Multiple Sclerosis
- Seizures
- Tremors
- Other: \_\_\_\_\_

### Psychiatric

- No Concerns
- Alzheimer's Disease
- Anxiety
- Attention Disorder (ADD)
- Autism
- Bi-Polar Disorder
- Depression
- Other: \_\_\_\_\_

### Respiratory

- No Concerns
- Asthma
- Bronchitis
- Emphysema
- Lung Cancer
- Smoker
- Tuberculosis
- Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_