Patient Name: _____Date:_____

Patient Occupation: _____Primary Care Physician:_____

How did you hear about us? Insurance Co. Yellow Pages Family/Friend Drove by

MEDICAL HISTORY QUESTIONAIRE

Please indicate if you have or have ever had any problems in the following areas:

	YES	NO
EYES		
Blurred Distance Vision	☐	☐
Blurred Near Vision	☐	☐
Eye Fatigue	☐	☐
Soreness	☐	☐
Pain	☐	☐
Foreign Body Sensation	☐	☐
Dry/Sandy Feeling	☐	☐
Burning	☐	☐
Redness	☐	☐
Itching	☐	☐
Droopy Eyelids	☐	☐
Squinting	☐	☐
Rubbing	☐	☐
Double Vision	☐	☐
Flashes/Floaters in Vision	☐	☐
Glaucoma	☐	☐
ALLERGIC/IMMUNOLOGIC		
Environmental Allergies	☐	☐
CANCER type_____	☐	☐
CARDIOVASCULAR		
High Blood Pressure	☐	☐
High Cholesterol	☐	☐
CONSTITUTIONAL		
Nausea/ Vomiting	☐	☐
RESPIRATORY		
Asthma	☐	☐
ARE YOU PREGNANT OR NURSING?	☐	☐

	YES	NO
ENDOCRINE		
Diabetes	☐	☐
Thyroid Disease	☐	☐
Pituitary Disease	☐	☐
Gout	☐	☐
GASTROINTESTINAL		
Inflammatory Bowel Disease	☐	☐
Acid Reflux	☐	☐
GENITOURINARY		
Bladder Infections	☐	☐
Kidney Stones	☐	☐
INTEGUMENTARY (Skin)		
Lupus	☐	☐
Acne Rosacea	☐	☐
LYMPHATIC/HEMATOLOGIC		
Anemia	☐	☐
Bleeding Easily	☐	☐
MUSCULOSKELETAL		
Rheumatoid Arthritis	☐	☐
Muscle Pain	☐	☐
Joint Pain	☐	☐
NEUROLOGICAL		
Migraines	☐	☐
Seizures	☐	☐
Multiple Sclerosis	☐	☐
PSYCHIATRIC		
Anxiety	☐	☐
Depression	☐	☐

Please list any previous eye surgeries you have had:_____

SOCIAL HISTORY: *This information is kept strictly confidential*

Do you smoke? ☐ yes ☐ no Do you drink alcohol? ☐ yes ☐ no Do you use illegal drugs? ☐ yes ☐ no

FAMILY HISTORY

DISEASE/CONDITION	YES	NO	PLEASE CIRCLE RELATIONSHIP TO YOU
Blindness	☐	☐	mom – dad – maternal grandma – maternal grandpa – paternal grandma – paternal grandpa – brother – sister
Cataract	☐	☐	mom – dad – maternal grandma – maternal grandpa – paternal grandma – paternal grandpa – brother – sister
Crossed Eyes	☐	☐	mom – dad – maternal grandma – maternal grandpa – paternal grandma – paternal grandpa – brother – sister
Glaucoma	☐	☐	mom – dad – maternal grandma – maternal grandpa – paternal grandma – paternal grandpa – brother – sister
Macular Degeneration	☐	☐	mom – dad – maternal grandma – maternal grandpa – paternal grandma – paternal grandpa – brother – sister
Retinal Detachment/ Disease	☐	☐	mom – dad – maternal grandma – maternal grandpa – paternal grandma – paternal grandpa – brother – sister
Cancer	☐	☐	mom – dad – maternal grandma – maternal grandpa – paternal grandma – paternal grandpa – brother – sister
Diabetes	☐	☐	mom – dad – maternal grandma – maternal grandpa – paternal grandma – paternal grandpa – brother – sister
Heart Disease	☐	☐	mom – dad – maternal grandma – maternal grandpa – paternal grandma – paternal grandpa – brother – sister
Kidney Disease	☐	☐	mom – dad – maternal grandma – maternal grandpa – paternal grandma – paternal grandpa – brother – sister
Thyroid Disease	☐	☐	mom – dad – maternal grandma – maternal grandpa – paternal grandma – paternal grandpa – brother – sister