SHAH VISION CONSULTANTS PATIENT HISTORY QUESTIONNAIRE

Date _____ Last name _____ First Name _____

Date of Birth _____ Email _____ Phone Number _____

Date of Last Eye Exam _____ Tech_____

Review of Systems. Please check all that apply to you.

Constitution:	☐ Developmental Disabilities	☐ Cancer	☐ Fatigue Syndrome
Ears/Nose/Throat:	☐ Hearing Loss	☐ Sinusitis	☐ Dry Mouth
	☐ Laryngitis		
Neurological:	☐ Multiple Sclerosis	☐ Epilepsy	☐ Cerebral Palsy
	☐ Tumor	☐ Stroke/CVA	☐ Migraine
Psychiatric:	☐ Depression	☐ Attention Deficit	☐ Anxiety Disorder
	☐ Bipolar Disorder		
Cardiovascular:	☐ High Blood Pressure	☐ Stroke/CVA	☐ Heart Disease
	☐ Vascular Disease	☐ Congestive Heart Failure	
Respiratory:	☐ Cigarette Smoker	☐ Asthma	☐ Bronchitis
	☐ Emphysema	☐ Chronic Obstruction	☐ Sleep Apnea
Gastrointestinal:	☐ Crohn's	☐ Colitis	☐ Ulcer
	☐ Acid Reflux	☐ Celiac Disease	
Genitourinary:	☐ Kidney disease	☐ Prostate disease/cancer	☐ STD –herpetic/chlamydia
	☐ Benign Prostate Hypertrophy	☐ Pregnant	☐ Nursing
	☐ Herpes	☐ Chlamydia	
Musculoskeletal:	☐ Arthritis	☐ Osteoarthritis	☐ Fibromyalgia
	☐ Muscular Dystrophy	☐ Ankylosing Spondylitis	☐ Osteoporosis
	☐ Gout		
Integumentary:	☐ Eczema	☐ Rosacea	☐ Psoriasis
	☐ Herpes Simplex/Cold Sores	☐ Herpes Zoster/Shingles	
Endocrine:	☐ Type 2 Diabetes Mellitus	☐ Type 1 Diabetes Mellitus	☐ Thyroid dysfunction
	☐ Hormonal dysfunction		
Hemotologic/Lymphatic:	☐ Anemia	☐ Large-volume blood loss	☐ Ulcer
	☐ Hypercholesterolemia		
Allergic/Immune:	☐ Drug Allergies	☐ Environmental Allergies	☐ Rheumatoid Arthritis
	☐ Lupus	☐ Sjogren's Syndrome	

Please write your Medications or What They Treat or Give List to Front Desk:

List Allergies:

Your Social History:

☐ Doesn't Drink Alcohol ☐ Drinks Alcohol	☐ Doesn't Use Tobacco ☐ Uses Tobacco
Type/Amt/How Long: _____	Type/Amt/How Long: _____

Family Medical History: Note relation to yourself in each box(example: "Father", "Maternal Grandmother" etc.)

☐ Diabetes	☐ Cancer	☐ High Blood Pressure

Family Ocular History: Note relation to yourself in each box(example: "Father", "Maternal Grandmother" etc.)

☐ Degenerative disorder of macula	☐ Glaucoma