

HEALTH HISTORY - Continued

Social History:

Marital Status _____
Live Alone _____ Live With _____
Occupation (Past) _____
Occupation (Present) _____
Tobacco Use _____ Pack/Day _____
Alcohol Use _____ Drinks/Day _____
Illicit Drug Use _____

Family History (And whom?):

Glaucoma _____
Retinal Detachment _____
Other Eye Prob. _____
Father:(Living) Yes/No _____
Died From: _____
Mother:(Living) Yes/No _____
Died From: _____
Siblings: _____

Family Doctor: _____

Nearest Relative not living w/you _____
Their phone number: _____

PAST/PRESENT MEDICAL PROBLEMS: (Please circle all that you have or have ever had)

High Blood Pressure	Depression	Cancer	Migraines	Other: _____
Diabetes	Fluid in lungs/CHF	Parkinsonism	Stomach Ulcer	_____
Stroke	Heart Attack	Alzheimer's	Prostate Prob.	_____
Emphysema/COPD	Irreg. Heartbeat/arrhyth./palp.	Liver Prob.	Thyroid Prob.	_____
Asthma	Anemia	Hepatitis	Kidney Prob.	_____
Lung Problems	Leukemia	Jaundice	Kidney Stones	_____

REVIEW OF SYSTEMS: (Please circle any current condition)

General/Constitutional: fever / weight loss / weight gain / unusually tired / decreased appetite
Ears/Nose/Throat: hard of hearing / ear pain / dry mouth / cough / difficulty swallowing / sinus prob.
Cardiovascular: irregular heart rhythm / slurred speech / paralysis / numbness / swelling of feet
Respiratory: congestion / wheezing / shortness of breath
Gastrointestinal: stomach upset / heartburn / constipation / diarrhea / jaundice
Kidney/Bladder: painful urination / frequent urination
Muscles/Bones/Joints: joint pain / stiffness / arthritis
Skin: rash / dandruff
Neurologic: numbness / headache
Psychiatric: anxiety / insomnia / depression
Endocrine: bulging eyes / excessive thirst / excessive urination
Hematologic/Lymph: bleeding problem / poor immunity / anemic
Allergic/Immunity: swollen glands / itching / hives / sneezing
Reproductive: pregnant / nursing

COMMENTS ON ABOVE:

Please list names and addresses of all previous Ophthalmologists and/or Optometrists you have seen.

Please bring ALL medications that you are currently taking with you to your appointment.