MEDICAL HISTORY QUESTIONNAIRE

NAME: _____ **DATE OF BIRTH**: _____

CURRENT SYMPTOMS:

- ☐ FLASHES
- ☐ FLOATERS
- ☐ DISTORTION
- ☐ BLURRED VISION
- ☐ VISUAL FIELD DEFECT
- ☐ BLANK SPOTS
- ☐ WATERY EYES/ TEARING
- ☐ PAIN OR IRRITATION
- ☐ LIGHT SENSITIVITY
- ☐ DISCHARGE
- ☐ DOUBLE VISION
- ☐ FOREIGN BODY SENSATION
- ☐ OTHER_____

REVIEW OF SYSTEMS: (PLEASE MARK ALL THAT APPLY)

INTEGUMENTARY

- ☐ SKIN CANCER
- ☐ ECZEMA
- ☐ PSORIASIS
- ☐ ROSACEA
- ☐ OTHER: _____

RESPIRATORY

- ☐ ASTHMA
- ☐ BRONCHITIS
- ☐ EMPHYSEMA
- ☐ COPD
- ☐ LUNG CANCER
- ☐ TUBERCULOSIS(TB)
- ☐ OTHER: _____

CARDIOVASCULAR

- ☐ HIGH BLOOD PRESSURE
- ☐ HIGH CHOLESTEROL
- ☐ ATHEROSCLEROSIS
- ☐ HEART DISEASE
- ☐ ARRHYTHMIA
- ☐ PACEMAKER
- ☐ HEART ATTACK
- ☐ OTHER: _____

GASTROINTESTINAL

- ☐ COLON CANCER
- ☐ LIVER CANCER
- ☐ CONSTIPATION
- ☐ ULCERS
- ☐ REFLUX/HEARTBURN

GENITOURINARY

- ☐ KIDNEY DISEASE
- ☐ PROSTATE CANCER
- ☐ OVARIAN/UTERINE CA
- ☐ OTHER: _____

MUSCULOSKELETAL

- ☐ RHEUMATOID ARTHRITIS
- ☐ ARTHRITIS
- ☐ FIBRO/POLYMYALGIA
- ☐ SARCOIDOSIS
- ☐ OSTEOPOROSIS
- ☐ GOUT
- ☐ OTHER: _____

NEUROLOGICAL

- ☐ BELL'S PALSY
- ☐ DEMENTIA
- ☐ BRAIN TUMOR
- ☐ PARKINSON'S DISEASE
- ☐ MIGRAINES/HEADACHES
- ☐ MULTIPLE SCLEROSIS
- ☐ MENINGITIS
- ☐ SEIZURES
- ☐ STROKE (CVA)
- ☐ DIZZINESS
- ☐ HEARING LOSS

ENDOCRINE

- ☐ TYPE I DIABETES
- ☐ TYPE II DIABETES
- ☐ DIABETIC SUSPECT
- ☐ HYPOTHYROIDISM
- ☐ HYPERTHYROIDISM
- ☐ GRAVES' DISEASE
- ☐ PITUITARY TUMOR
- ☐ OTHER: _____

HEMATOLOGIC/LYMPHATIC

- ☐ AIDS/HIV
- ☐ ANEMIA
- ☐ BLEEDING DISORDER
- ☐ BREAST CANCER
- ☐ HEPATITIS A/B/C
- ☐ LEUKEMIA
- ☐ LUPUS
- ☐ LYME DISEASE
- ☐ LYMPHATIC CANCER
- ☐ HERPES SIMPLEX
- ☐ HERPES ZOSTER
- ☐ HISTOPLASMOSIS
- ☐ SHINGLES
- ☐ SYPHILIS
- ☐ TOXOPLASMOSIS
- ☐ OTHER: _____

PSYCHIATRIC

- ☐ ANXIETY
- ☐ DEPRESSION
- ☐ BIPOLAR DISORDER
- ☐ PTSD
- ☐ SCHIZOPHRENIA
- ☐ OTHER: _____

OTHER MEDICAL DISEASES: _____

DEEN | GROSS eye centers

MEDICAL HISTORY QUESTIONNAIRE

CURRENT MEDICATIONS/EYE DROPS/VITAMINS/MINERALS:

MEDICATION NAME:	DOSAGE:	REASON FOR TAKING:

MEDICATION ALLERGIES: _____

_____

_____

_____

_____

SIGNATURE: _____ **DATE:** _____