



# Patient Medical History

## Review of Systems

### Allergic / Immunologic

- rheumatoid arthritis
- lupus
- environmental allergy
- other

### Cardiovascular

- high blood pressure
- stroke
- vascular disease
- heart disease
- high cholesterol
- other

### Genitourinary

- kidney problems
- STD - herpes, hepatitis,
- chlamydia, HIV, other
- other

### Endocrine

- thyroid dysfunction
- diabetes - non-insulin dependent
- diabetes - insulin-dependent
- hormonal dysfunction
- other

### Gastrointestinal

- colitis
- reflux/GERD/ulcer
- Crohn's disease
- other

### Musculoskeletal

- osteoarthritis
- fibromyalgia
- osteoporosis
- other

### Hematologic/Lymphatic

- bleeding problems
- anemia
- other

### Integumentary (skin)

- eczema
- rosacea
- psoriasis
- other

### General Health

- cancer (type): \_\_\_\_\_
- fatigue
- trauma
- weight loss
- developmental disability
- other

### Neurological

- multiple sclerosis
- epilepsy
- Parkinson's
- other

### Psychiatric

- anxiety
- bipolar disorder
- depression
- panic disorder
- other

### Respiratory

- asthma
- COPD
- emphysema
- chronic bronchitis
- other

**Are you currently being treated or medicated for any medical conditions?**    Yes    No

**For what conditions are you being treated?**

1.	4.
2.	5.
3.	6.

### Current Medications

Please list all prescription and over-the-counter medications that you currently take. Alternatively, you may provide us with a separate list of your medications.

Medication	Dose/strength	Frequency taken

### Medication Allergies

**Are you allergic to any medications?**    Yes    No

If yes, please list:

### **Family Medical / Eye History - please list any family members who have or had any of these conditions - mother, father, brother, sister, maternal grandmother and grandfather, paternal grandmother and grandfather, aunt, uncle**

Blindness	Macular degeneration
Cataracts	Retinal problems
Corneal problems	Diabetes
Glaucoma	High blood pressure
Lazy/crossed eyes	

**Signature (or guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_