Health History Form – Important Information

Patient Name:____Date:____________________
Primary Care Doctor:____
Right / Left handed (circle one)   Occupation:____

Past Ocular History

(Circle all that apply)

Glaucoma
Retinal Tear / Detachment R L Eye
Cataract Surgery
Crossed Eyes
Serious Eye Injury
Inflammatory / Iritis
Lasik / RK Surgery
Lazy Eye / Patching
Other Eye Surgery or History:____
Eye Medications:____

Past Medical/Surgical History

(Circle All that Apply) / Write in extra info

Cardiovascular: Abnormal EKG A-Fib Angina Cardiac Arrhythmias Chest Pain High Cholesterol Congestive Heart Failure High Blood Pressure Irregular Heart Beat Murmur Heart Attack
Dermatologic: Basal Cell Carcinoma Eczema Lyme Disease Melanoma Psoriasis Rosacea Squamos Cell Carcinoma Steve-Johnson Syndrome
Gastrointestinal: Colon Cancer Crohns Disease Diverticulitis Ulcer Hepatitis Kidney Stones Inflammatory Bowel Disease Reflux
Genitourinary: Bladder Cancer Prostate/Testicular Cancer Renal Disease/Failure
HEENT: Chronic Sinus Infections Head and Neck Cancer Hearing Loss
Hematology: Anemia Lymphoma Chronic Coumadin Therapy Coagulopathy Hodgkin's Disease
Immunologic: AIDS HIV Sarcoidosis Seasonal Allergies Sjogren's Syndrome Discoid Lupus Systemic Lupus Erythematosis Temporal Arteritis
Other: ADHD Autism Down's Syndrome
Infectious Disease: Chlamydia Hepatitis A Hepatitis B Hepatitis C Herpes Simplex Virus Herpes Zoster Lyme Disease Malaria Shingles Syphilis Tuberculosis
Endocrine: Graves Disease Over-active Thyroid Under-active Thyroid Thyroid Removed Insulin Dependent Diabetes Non-Insulin Dependent Diabetes Pituitary Tumor
Musculoskeletal: Ankylosing Spondulitis Fibromyalgia Multiple Sclerosis Osteoarthritis Rheumatoid Arthritis
Neuropsychiatric: Alzheimer's Bell's Palsy Bi-polar Disease Depression Migraine Headache Parkinson's Schizophrenia Seizure Disorder Stroke Transient Ischemic Attach (TIA)
OB/Gynecologic: Breast Cancer Cervical Cancer HRT Hysterectomy Ovarian Cancer Pregnancy Uterine Cancer
Pulmonary: Asthma COPD Emphysema Histoplasmosis Lung Cancer Wegener's Granulomatosis
Growth/development: Normal Premature

Other Surgeries not listed:____

Other Health Problems Not Listed:____

Current Medications:____

____

Medication Allergies:____

Family History

Note Relation to Patient: **F**=Father **M**=Mother **S**=Sister **B**=Brother **GM**=Grandmother **GF**=Grandfather

P=Paternal **M**=Maternal

Glaucoma_____________________________Macular Degeneration__________________Stroke______________

Retinal Tear/Detachment______________________________________Cataract___________________________

Strabismus/Amblyopia___________________________________Other Eye Conditions_____________________

Heart Disease____________________________Diabetes__________________________Cancer________________

Social History

Smoker Y / N Former Y / N If Yes, Amount__________________________________Years__________________

Alcohol Consumption Y / N If Yes, Amount____________________________Frequency___________________

Are you (circle)? Pregnant Nursing

Review of Systems

Circle only if you have these symptoms today

Constitutional: Fatigue Fever Headache Insomnia Weight Gain and Loss
Ear/Nose/Throat: Hearing Loss Heavy Snoring Hoarseness Nasal Congestion Pain Ringing Ears
Sinus problems Sinus Infection Sore Throat Vertigo
Respiratory: Allergies Bloody Sputum Chronic Cough Productive Cough Shortness of Breath TB Exposure
Wheezing
Cardiovascular: Ankle Swelling Awaken at Night with Shortness of Breath Chest Pain
Inability to Lay/Sleep on Back Irregular Heartbeat Palpitations
Vascular: Foot or Leg Ulcers Pain in Legs with Walking
Gastrointestinal: Abdominal Pain Constipation Diarrhea Heartburn Nausea Reflux Vomiting
Genitourinary: Blood in Urine Incontinence Stones Painful Urination
Reproductive: Abnormal Bleeding Impotence Irregular Cycles Pregnant
Endocrine: Elevated Blood Sugar Fluctuating Blood Sugar Stable Blood Sugar Chronic Fatigue
Cold Intolerant Hair Loss Heat Intolerant Swollen Lymph Nodes
Neurological: Anxiety Dementia Depression Memory Problems Numbness/Tingling Seizures Tremors Vertigo
Dermatologic: Acne Changing Moles Contact Allergies Eczema Pigment Changes Rash Skin Lesions
Musculo Skeletal: Back Pain Joint/Bone Pain Muscle Aches Swollen Joints
Hematology: Bleeding Gums Blood Clots Bruise Easily
Immunologic: Bee Sting Environmental Food HIV Pollens/Grasses Tape