Name: Today’s Date:

|  |  |
| --- | --- |
| **Family History** | **Social History** |
| **Please note any family member with the following** | **Health Habits** | **Social History** |
| **Diseases/Conditions:** | **Check which substances you** | **Please indicate hobbies** |
| **M-mother, F-father, S-siblings, GP-grandparents** | **use and the consumption:** | **and interest:** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Yes** | **No** |  |  | **Yes** | **No** |  |  | **Yes** | **No** |  | **Yes** | **No** |
| Arthritis | \_\_\_\_\_ | □ | □ | Diabetes | \_\_\_\_\_ | □ | □ | Alcohol |  |  |  | Computers | □ | □ |
| Blindness | \_\_\_\_\_ | □ | □ | Glaucoma | \_\_\_\_\_ | □ | □ | Quantity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fishing | □ | □ |
| Cancer | \_\_\_\_\_ | □ | □ | Heart Disease | \_\_\_\_\_ | □ | □ | Drugs |  |  |  | Golfing | □ | □ |
| Cataracts | \_\_\_\_\_ | □ | □ | Hypertension | \_\_\_\_\_ | □ | □ | Quantity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Hunting | □ | □ |
| Crossed Eyes | \_\_\_\_\_ | □ | □ | Retinal Disease | \_\_\_\_\_ | □ | □ | Tobacco |  |  |  | Music | □ | □ |
|  |  |  |  |  |  |  |  | Quantity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Reading | □ | □ |

|  |
| --- |
| **Review of Systems** |
| **Please check the symptoms and/or conditions you currently have or have had in the past.** |
| **Eyes** | **Yes** | **No** | **Unknown** |  | **Gastrointestinal** | **Yes** | **No** | **Unknown** |
|  Blurred Vision | □ | □ | □ |  |  Constipation | □ | □ | □ |
|  Burning | □ | □ | □ |  |  Diarrhea | □ | □ | □ |
|  Cataracts | □ | □ | □ |  |  Ulcers | □ | □ | □ |
|  Crossed Eyes | □ | □ | □ |  | **Genitourinary** |  |  |  |
|  Distorted Vision | □ | □ | □ |  |  Chlamydia | □ | □ | □ |
|  Double Vision | □ | □ | □ |  |  Gonorrhea | □ | □ | □ |
|  Dryness | □ | □ | □ |  |  Kidney Disease | □ | □ | □ |
|  Excess Tearing/Watering | □ | □ | □ |  |  Syphilis | □ | □ | □ |
|  Eye Pain or Soreness | □ | □ | □ |  | **Integumentary (Skin)** |  |  |  |
|  Flashes/Floaters in Vision | □ | □ | □ |  |  Eczema | □ | □ | □ |
|  Foreign Body Sensation | □ | □ | □ |  |  Psoriasis | □ | □ | □ |
|  Glare/Light Sensitivity | □ | □ | □ |  | **Lymphatic/Hematologic** |  |  |  |
|  Infection of Eye or Lid | □ | □ | □ |  |  Anemia | □ | □ | □ |
|  Itching | □ | □ | □ |  |  Bleeding Disorders | □ | □ | □ |
|  Lazy Eye | □ | □ | □ |  |  Hepatitis | □ | □ | □ |
|  Loss of Vision | □ | □ | □ |  |  Herpes | □ | □ | □ |
|  Mucous Discharge | □ | □ | □ |  |  HIV Positive | □ | □ | □ |
|  Redness | □ | □ | □ |  |  Liver Disease | □ | □ | □ |
|  Retinal Disease | □ | □ | □ |  | **Neurologic** | □ | □ | □ |
|  Sandy or Gritty Feeling | □ | □ | □ |  |  Epilepsy | □ | □ | □ |
|  Styes or Chalazion | □ | □ | □ |  |  Headaches | □ | □ | □ |
| **Bone/Joint/Muscle** |  |  |  |  |  Migraines | □ | □ | □ |
|  Arthritis | □ | □ | □ |  |  Multiple Sclerosis | □ | □ | □ |
|  Joint/Muscle Pain | □ | □ | □ |  |  Seizures | □ | □ | □ |
|  Polio | □ | □ | □ |  | **Psychiatric** |  |  |  |
| **Cancer** |  |  |  |  |  Depression | □ | □ | □ |
|  Breast | □ | □ | □ |  |  High Anxiety | □ | □ | □ |
|  Lung | □ | □ | □ |  | **Respiratory**  |  |  |  |
|  Prostate | □ | □ | □ |  |  Asthma | □ | □ | □ |
|  Skin | □ | □ | □ |  |  Chronic Bronchitis | □ | □ | □ |
| **Constitutional** |  |  |  |  |  Emphysema | □ | □ | □ |
|  Fever | □ | □ | □ |  | **Vascular** |  |  |  |
|  Weight Gain/Loss (Sudden) | □ | □ | □ |  |  Heart Disease | □ | □ | □ |
| **Endocrine** |  |  |  |  |  High Cholesterol | □ | □ | □ |
|  Thyroid Abnormalities | □ | □ | □ |  |  Stroke | □ | □ | □ |
| **Ear, Nose, and Throat** |  |  |  |  |  |  |  |  |
|  Allergies | □ | □ | □ |  |  |  |  |  |
|  Chronic Cough | □ | □ | □ |  |  |  |  |  |
|  Dry Mouth/Throat | □ | □ | □ |  |  |  |  |  |
|  Hay Fever | □ | □ | □ |  |  |  |  |  |
|  Runny Nose | □ | □ | □ |  |  |  |  |  |
|  Sinus Congestion | □ | □ | □ |  |  |  |  |  |