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 | □ | □ | □ |  |  |  |  |  |