

# Patient Health History

The information in this confidential health history is critical to the evaluation of your vision and ocular health.



Please note any health problems below:

Constitutional (cancer, developmental disabilities, etc) \_\_\_\_\_

Ears, Nose, Throat (hearing loss, sinusitis, etc) \_\_\_\_\_

Neurological (MS, migraine, vertigo/dizziness, etc) \_\_\_\_\_

Psychological (depression, bipolar, ADHD, etc) \_\_\_\_\_

Cardiovascular (blood pressure, heart disease, etc) \_\_\_\_\_

Respiratory (asthma, bronchitis, COPD, etc) \_\_\_\_\_

Gastrointestinal (acid reflux, Crohn's, ulcer, etc) \_\_\_\_\_

Genitourinary (kidney disease, prostate, menopause, etc) \_\_\_\_\_

Musculoskeletal (arthritis, osteoporosis, etc) \_\_\_\_\_

Dermatological (eczema, psoriasis, rosacea, etc) \_\_\_\_\_

Endocrine (diabetes, thyroid, etc) \_\_\_\_\_

Diabetes Doctor: \_\_\_\_\_

Year Diagnosed: \_\_\_\_\_

Last fasting blood sugar \_\_\_\_\_

Last A1C: \_\_\_\_\_

Hematological / Lymphatic (anemia, cholesterol, etc) \_\_\_\_\_

Allergy / Immunology (lupus, Sjogren's, etc) \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Please list any medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of last eye exam: \_\_\_\_\_

Currently wear glasses? YES NO

Currently wear contact lenses? YES NO

Are you pregnant or nursing? YES NO

Do you use tobacco? YES NO

Amount: \_\_\_\_\_

Do you drink alcohol? YES NO

Amount: \_\_\_\_\_

Do you use other substances? YES NO

Amount: \_\_\_\_\_

Please indicate if **you** or any of your **blood relatives** have a medical or ocular history in the following areas:

Cancer	Self	Mom	Dad	Brother	Sister
Diabetes	Self	Mom	Dad	Brother	Sister
Hypertension	Self	Mom	Dad	Brother	Sister
Thyroid	Self	Mom	Dad	Brother	Sister
Cataracts	Self	Mom	Dad	Brother	Sister
Glaucoma	Self	Mom	Dad	Brother	Sister
Macular Degeneration	Self	Mom	Dad	Brother	Sister
Dry Eye	Self	Mom	Dad	Brother	Sister
Lazy Eye	Self	Mom	Dad	Brother	Sister
Retinal Detachment	Self	Mom	Dad	Brother	Sister