Associates in Ophthalmology, PC Review of Systems

Patient Name		Birth Date Date	
	Please complete	front & back up to stop sign	
General Health	ricado compieto	none a back up to ctop oign	
Headaches	☐ yes ☐ no	High blood pressure	☐ yes ☐ no
Seasonal allergies	☐ yes ☐ no	High cholesterol	yes no
Diabetes	☐ yes ☐ no	History heart attack, bypass, stents	☐ yes ☐ no
Thyroid	☐ yes ☐ no	Cancer	☐ yes ☐ no
Dry mouth or mouth sores	☐ yes ☐ no	Hepatitis	☐ yes ☐ no
Sinus problems	☐ yes ☐ no	Weight change, fever, fatigue	☐ yes ☐ no
		HIV / AIDS / STD	☐ yes ☐ no
For the following questions, if an	swer is "yes", plea		
Shortness of breath, chronic c		yes no	
Gastrointestinal (intestines, sto		☐ yes ☐ no	
Musculoskeletal (joints, muscle		□ yes □ no	
Neurological (numbness, para			
Psychiatric (anxiety, depression	•	yes no	
Please list major surgeries / he	ospitalizations	Do you drive? ☐ yes ☐ no Do you drink alcohol? ☐ yes ☐ no If yes, amount & frequency Do you smoke? ☐ yes ☐ no If yes, amount & frequency Drug Allergies	
Past Eye History Glasses / Contacts Lazy eye Corneal problems	yes no yes no yes no	Retinal detachment Macular degeneration Diabetic retinopathy	yes no yes no
Cataract (s)	yes no	Other eye injuries / Surgeries	yes no
Glaucoma	□ yes □ no	Other problem:	





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For the following ques Blindness	☐ yes ☐			☐ Child		M.
Cataract	☐ yes ☐] no Pare	nt Sibling	Child		-
Glaucoma	☐ yes ☐			Child		W.
Macular degeneration	☐ yes ☐	no Pare	nt Sibling	Child		
Diabetic retinopathy	☐ yes ☐	no Pare	ent Sibling	☐ Child		
Lazy eye	☐ yes ☐	no Pare	ent Sibling	☐ Child		
Other:	☐ yes ☐	no Pare	ent Sibling	☐ Child	If yes, please explain belo	ow.
Eye Symptoms You	Are Exp	eriencina T	odav (Please c	heck all tha	t apply)	
Blurred, distorted, loss		☐ yes ☐ no	Droopin		. чрр.у/	☐ yes ☐ no
Burning, dryness, itching ☐ yes ☐ no				floaters (black spots)	☐ yes ☐ no	
Chronic infection of eye		☐ yes ☐ no		Foreign body sensation (sandy or gritty)		
Crossed eyes or lazy e		☐ yes ☐ no		Glare or light sensitive		yes no
Discharge or excessive		☐ yes ☐ no		Pain or soreness		☐ yes ☐ no
Double vision		☐ yes ☐ no	Rednes	S		☐ yes ☐ no
Other: if yes, please list below		Stye or	Stye or chalazion		☐ yes ☐ no	
	Action				Office Use Only: Tech	MD
	···STOP		will be complete		Office Use Only: Tech ext visit ****	MD
Date	***STOP-	· Section below , Past Medica	will be complete	d on your ne	ext visit ****	
Date Please review the Gene new since your last visi If yes,	***STOP-	Past Medica	will be complete	d on your ne	ext visit **** Ty on the back. Is there	anything
Date Please review the Gene new since your last visi If yes,	***STOP-	Past Medica	will be complete	d on your ne	ext visit ****	anything
Date	***STOP-	Past Medica	will be complete	d on your ne	ext visit **** Ty on the back. Is there	anything
Date Please review the Gene new since your last visi If yes,	***STOP-	Past Medica	will be complete	d on your ne	ext visit **** Ty on the back. Is there	anything
DatePlease review the Gene new since your last visi If yes, Drug Allergies Eye Symptoms You	ral Health t? yes [please ex	Past Medical no plain:	l History, & Solections Y	ocial Histor	ext visit **** Ty on the back. Is there Intly Take (Including e)	anything ye drops)
Date Please review the Gene new since your last visi If yes, Drug Allergies Eye Symptoms You Blurred, distorted, loss	ral Health t? yes [please ex Are Exp of vision	Past Medical no plain:	l History, & Solections Y	ocial Histor	ext visit **** Ty on the back. Is there Intly Take (Including e) at apply)	anything ye drops)
Please review the Gene new since your last visi If yes, Drug Allergies Eye Symptoms You Blurred, distorted, loss Burning, dryness, itchir	ral Health t? yes please ex Are Exp of vision	Periencing T	il History, & Solections Y	ocial Histor	ext visit **** Try on the back. Is there Intly Take (Including eyat apply) floaters (black spots)	anything ye drops) yes no
Please review the Gene new since your last visi If yes, Drug Allergies Eye Symptoms You Blurred, distorted, loss Burning, dryness, itchir Chronic infection of eye	ral Health t? yes [please exp Are Exp of vision ng e or lid	Past Medical no plain: March Marc	I History, & Solutions Y dedications Y oday (Please Droopin Flashes Foreign	check all the geyelid of light or body sens	ext visit **** Ty on the back. Is there Intly Take (Including egat apply) Ifloaters (black spots) Interest (black spots) Interest (sandy or gritty)	anything ye drops) yes no
Please review the Gene new since your last visi If yes, Drug Allergies Eye Symptoms You Blurred, distorted, loss Burning, dryness, itchir Chronic infection of eye Crossed eyes or lazy e	ral Health t? yes [please ex Are Exp of vision ng e or lid ye	Periencing T yes no yes no yes no	il History, & Solections Y dedications Y Coday (Please Droopin Flashes Foreign Glare or	check all the g eyelid of light or body sens	ext visit **** Ty on the back. Is there Intly Take (Including egat apply) Ifloaters (black spots) Interest (black spots) Interest (sandy or gritty)	anything ye drops) yes no
Date Please review the Gene new since your last visi If yes, Drug Allergies Eye Symptoms You Blurred, distorted, loss	ral Health t? yes [please ex Are Exp of vision ng e or lid ye	Past Medical no plain: March Marc	l History, & Solections Y oday (Please Droopin Flashes Foreign Glare or Pain or	check all the g eyelid of light or body sens soreness	ext visit **** Ty on the back. Is there Intly Take (Including egat apply) Ifloaters (black spots) Interest (black spots) Interest (sandy or gritty)	anything ye drops)