

Name: _____

DOB: _____

Reason for today's visit: _____

Diabetes:

Pre Type I Type II

Endocrinologist/PCP _____

A1C _____ BS _____

Rheumatoid Arthritis: YES NO

Are you taking Plaquenil:

Dosage: _____

Rheumatologist/PCP _____

Cancer: YES NO
 Type: _____

Oncologist: _____

Medication:

_____ mg _____ mg
_____ mg _____ mg
_____ mg _____ mg
_____ mg _____ mg

Major Illnesses/Injuries:

Major Surgeries/Hospitalizations:

Drug Allergies:

Lifestyle:

Occupation: _____

Do you drive: YES NO

Have you fallen in the last year:
Are you a fall risk:

Do you drink Alcohol: YES NO

Amount: _____
Frequency: _____

Smoking Status:
 Never Smoked
 Current Everyday Smoker
 Former Smoker- Year Quit: _____

Your Eyes:

- Diabetic Retinopathy
- Macular Degeneration
- Retinal Detachment
- Cornea Problems
- Glaucoma
- Glasses/Contacts
- Cataracts
- Lazy Eye
- Blindness
- Other: _____

Any first degree relatives have the above mentioned conditions? If so, what is their relationship to you:

Previous Eye Surgeries/Injuries/Diseases:

Signature: _____

Date: _____



Please Turn Over & Complete The Back



Neurological: N/A

- Alzheimer's Disease
- Dementia
- Faints
- Headaches
- Migraine
- Numbness
- Parkinson's Disease
- Seizures
- Stroke
- Other: _____

Psychiatry: N/A

- Anxiety
- Depression
- Paranoia
- Memory Loss
- Mental/Emotional Factors
- Sleep Patterns
- Dementia/Cognitive Impairment
- Other: _____

Respiratory: N/A

- Asthma
- Bronchitis
- COPD
- Cough
- Emphysema
- Shortness of Breath
- Other: _____

Autoimmune: N/A

- Lupus
- Grave's Disease
- Multiple Sclerosis
- Chron's Disease
- Myasthenia Gravis
- Hashimoto
- Other: _____

Allergic/Immunologic: N/A

- Hay Fever
- Seasonal Allergies
- Other: _____

Cardiovascular: N/A

- High Blood Pressure
- High Cholesterol
- Chest Pain
- Congestive Heart Failure
- Irregular Heart Beat
- Afib
- Low Blood Pressure
- Pacemaker/Defibrillator
- Shortness of Breath
- Other: _____

Constitutional: N/A

- Fatigue
- Fever
- Rash
- Weight Loss
- Other: _____

Ear, Nose, and Throat: N/A

- Deafness
- Dry Mouth
- Post Nasal Drip
- Runny Nose
- Sinus Infection
- Other: _____

Endocrine: N/A

- Hyperthyroid
- Hypothyroid
- Polydipsia
- Mood Swings
- Other: _____

Eyes: N/A

- Double Vision
- Glare Issues
- Eye Pain
- Vision Loss
- Other: _____

Gastrointestinal: N/A

- Bloody Stool
- Constipation
- Diarrhea
- Hepatitis
- Jaundice
- Ulcers
- Vomiting
- GERD
- Other: _____

Genitourinary: N/A

- Blood in Urine
- Discharge
- Genital Ulcers
- Kidney Stones
- Prostate Issues/Enlarged
- UTI
- Other: _____

Hematologic: N/A

- Anemia
- Blood Transfusion
- Excessive Bleeding
- Infection
- Purpura
- Other: _____

Integumentary: N/A

- Breat Lumps
- Dermatitis
- Eczema
- Rashes
- Wounds
- Other: _____

Musculoskeletal: N/A

- Joint Ache
- Pain
- Paralysis Fever
- Stiffness
- Swelling
- Arthritis
- Other: _____

