**Medical History Questionnaire**

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Birth**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Care Physician**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Referring Doctor**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referring Optometrist**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE CIRCLE ALL THAT APPLY. THINGS THAT YOU ARE TREATED FOR, OR HAVE A HISTORY OF:**

**Past Ocular History**:

* Overall Healthy
* Amyblopia
* Astigmatism
* Cataracts
* Diabetic Retinopathy
* Dry Eyes
* Glasses/Contact lenses
* Glaucoma
* Iritis
* Keratoconus
* Double Vision
* Macular Degeneration
* Optic Neuritis
* Retinal Detachment/ Tear
* Other:\_\_\_\_\_\_\_\_\_\_\_\_

**Ocular Surgeries**:

* No prior ocular surgery
* Blepharoplasty
* Cataract Surgery
* Corneal transplant
* Retinal Laser Surgery
* LASIK
* Punctal plugs
* Strabismus (eye muscle) surgery
* Trabeculectomy (Glaucoma surgery)
* Vitrectomy
* Other:\_\_\_\_\_\_\_\_\_\_\_\_

**Ocular Significant Illnesses/ Systemic Illnesses**:

* Overall Healthy
* Diabetes
* High Blood Pressure
* Graves Disease
* Hyperthyroid
* Hypothyroid
* Rheumatoid Arthritis
* Sjogren's Syndrome
* Lupus
* Lyme Disease
* Multiple Sclerosis
* Herpes
* HIV positive
* AIDS
* Other:\_\_\_\_\_\_\_\_

**Infections- Past and Present**

* Overall Healthy
* Chicken Pox
* Hepatitis A/ B/ C
* Herpes Simplex
* Herpes Zoster/ Shingles
* HIV/AIDS
* Meningitis
* MRSA
* Syphilis
* Toxoplasmosis
* Tuberculosis
* Wound Infection
* Other:\_\_\_\_\_\_\_\_\_\_\_

**Head/ Ocular Trauma**:

* Assault
* Blunt trauma
* Chemical injury
* Eye injury
* Foreign body
* Job/ sports Injury
* Motor Vehicle Accident
* Sharp Trauma
* Other:\_\_\_\_\_\_\_\_\_\_

**Other Surgeries**: (Please list)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family History**:

* Blindness
* Cancer
* Cataracts
* Diabetes
* Glaucoma
* Heart Disease
* High Blood Pressure
* Kidney Disease
* Lazy Eye
* Macular Degeneration
* Migraine
* Retinal detachment
* Stroke
* Thyroid Disease
* Other:\_\_\_\_\_\_\_\_\_

**Social History**:

* Alcohol Use
* Current smoker
* Former smoker
* Never smoked
* Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Pregnant/ Nursing- Delivery Date:\_\_\_\_\_\_\_\_\_

**Current Medications** Including Eye Drops/ Vitamins/ Minerals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Allergies**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had a **Pneumonia Vaccine** in the past 10 years? \_\_\_\_\_Yes \_\_\_\_\_No

Have you had a **Flu Vaccine** for the current year? \_\_\_\_\_Yes \_\_\_\_\_No

Have you had the COVID-19 vaccine? \_\_\_\_\_\_Yes\_\_\_\_\_ No

Have you had the COVID-19 vaccine booster? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

**Review of Systems:** (Please CIRCLE all that apply):

 **Constitutional**

* Fever
* Weight loss
* Loss of appetite

**Skin**

* Skin Cancer
* Eczema
* Psoriasis
* Roasacea
* Other:\_\_\_\_\_\_

**Ears, Nose, Mouth, Throat**

* Hearing Loss
* Ear Pain
* Dizziness
* Sinus Congestion
* Dry Throat/ Mouth
* Other:\_\_\_\_\_\_\_\_\_\_

**Respiratory**

* Asthma
* Bronchitis
* Emphysema
* COPD
* Lung Cancer
* Tuberculosis
* Other:\_\_\_\_\_\_\_\_\_

**Cardiovascular**

* High blood pressure
* High Cholesterol
* Atherosclerosis
* Heart Disease
* Atrial Fibrillation
* Pacemaker
* Heart Attack (MI)
* Other:\_\_\_\_\_\_\_\_\_\_

**Gastrointestinal**

* Colon Cancer
* Liver Cancer
* Diarrhea
* Constipation
* Ulcers
* Reflux/Heartburn
* Crohn's Disease
* Other:\_\_\_\_\_\_\_\_\_\_\_

**Genitourinary**

* Kidney Disease
* Bladder Infection
* Prostate Cancer
* Ovarian/ Uterine cancer
* BPH
* Other:\_\_\_\_\_\_\_\_\_\_

**Musculoskeletal**

* Rheumatoid Arthritis
* Arthritis
* Fibro/Polymyalgia
* Sarcoidosis
* Osteoporosis
* Gout
* Other:\_\_\_\_\_\_\_\_\_\_\_\_

**Neurological**

* Bell's Palsy
* Dementia
* Brain Tumor
* Parkinson's Disease
* Migraines
* Multiple Sclerosis
* Seizures
* Stroke
* Headaches
* Dizziness
* Other:\_\_\_\_\_\_\_\_\_\_

**Endocrine**

* Type I Diabetes (Juvenile)
* Type II Diabetes
* Diabetic Suspect
* Thyroid Disorder
* Graves Disease
* Pituitary Tumor
* Other:\_\_\_\_\_\_\_\_\_\_\_

**Hematologic/ Lymphatic**

* AIDS/HIV
* Anemia
* Bleeding disorder
* Breast Cancer
* Hepatitis
* Leukemia
* Lupus
* Lymphatic Cancer
* Other:\_\_\_\_\_\_\_\_\_\_

**Psychiatric**

* Anxiety
* Depression
* Bipolar Disorder
* PTSD
* Schizophrenia
* Other:\_\_\_\_\_\_\_\_\_\_\_

**What brings you in to see us today?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**