

THIS INFORMATION IN THIS CONFIDENTIAL CASE HISTORY IS CRITICAL TO THE EVALUATION OF YOUR VISION AND OCULAR HEALTH NEEDS

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, ADD/ADHD, etc.)

Cardiovascular: (Blood Pressure, Heart Disease, etc.)

Respiratory: (Asthma, Bronchitis, Emphysema, etc.)

Gastrointestinal: (Acid Reflux, Crohn's, Ulcer, etc.)

Genitourinary: (Kidney Disease, Prostate, Menopause, etc.)

Musculoskeletal: (Arthritis, Osteoporosis, etc.)

Integumentary: (Eczema, Psoriasis, Rosacea, etc.)

Endocrine: (Diabetes, Thyroid, etc.)

Diabetes Doctor: _____

Year Diagnosed: _____ Last A1C: _____

Last Fasting Blood Sugar: _____

Hematological/Lymphatic: (Anemia, Cholesterol, etc.)

Allergy/Immunology: (Lupus, Sjogren's Syndrome, etc.)

Please list any allergies to medications:

Please list any medications you are currently taking:

Height: _____ Weight: _____

Name of family physician: _____

Name of last eye doctor: _____

Date of last eye exam: _____

Currently wear glasses? YES NO

Currently wear contacts? YES NO

Reason for today's visit: _____

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 (circle) if any of your **blood relatives** have a medical history in the following areas:

Cancer	Mom	Dad	Brother	Sister
Diabetes	Mom	Dad	Brother	Sister
Hypertension	Mom	Dad	Brother	Sister
Hyperthyroid	Mom	Dad	Brother	Sister
Hypothyroid	Mom	Dad	Brother	Sister

Please indicate (circle) if **you** or any of your **blood relatives** have an ocular history in the following areas:

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