MEDICAL HISTORY QUESTIONNAIRE

Name:	Birth Date:			
Name of physician referring you:	Physician Phone:			
Physician Address:			Date of last eye exam:	
REVIEW OF SYSTEMS				
Do you currently have any problems in the fo	ollowing	g area	as? If "YES", provide information:	
	YES	NO	EXPLANATION OF PROBLEM	
Constitutional Symptoms				
Fever				
Weight Loss				
Other				
Eyes				
Loss of vision				
Blurred vision				
Distorted vision (halos)				
Loss of side vision				
Double vision				
Dryness				
Mucous discharge				
Redness				
Sandy or gritty feeling				
Itching				
Burning				
Foreign body sensation				
Excess tearing/watering				
Occasional tearing				
Glare/Light sensitivity				
Eye pain or soreness				
Chronic infection of eye lid				
Sties, Chalazion				
Fluctuating visual acuity				
Tired Eyes				

Ears, nose, mouth, throat Sinus congestion Runny nose Post-nasal drip Chronic cough Dry throat/mouth Cardiovascular (heart/blood vessels) Respiratory (lungs/breathing) Chronic bronchitis Gastrointestinal (stomach/intestines) Genitourinary (genitals/kidney/bladder) Musculoskeletal Muscle pain Joint pain Integument (skin and/or breast) Neurological Psychiatric Endocrine Hematological/Lymphatics Blood Lymph nodes Swelling Allergic and Immunologic Head allergy symptoms Seasonal allergies Hay fever symptoms PAST HISTORY List any medications you take: List all major illnesses and injuries List any surgeries you have had		YES	NO	EXPLANATION OF PROBLEM
Runny nose Post-nasal drip Chronic cough Dry throat/mouth U	Ears, nose, mouth, throat			
Post-nasal drip Chronic cough Dry throat/mouth Cardiovascular (heart/blood vessels) Respiratory (lungs/breathing) Chronic bronchitis Gastrointestinal (stomach/intestines) Genitourinary (genitals/kidney/bladder) Musculoskeletal Muscle pain Joint pain Integument (skin and/or breast) Neurological Psychiatric Endocrine Hematological/Lymphatics Blood Lymph nodes Swelling Allergic and Immunologic Head allergy symptoms Seasonal allergies Hay fever symptoms PAST HISTORY List any medications you take: List all major illnesses and injuries	Sinus congestion			
Chronic cough Dry throat/mouth Cardiovascular (heart/blood vessels) Respiratory (lungs/breathing) Chronic bronchitis Gastrointestinal (stomach/intestines) Genitourinary (genitals/kidney/bladder) Musculoskeletal Musculoskeletal Muscle pain Joint pain Integument (skin and/or breast) Neurological Psychiatric Endocrine Hematological/Lymphatics Blood Lymph nodes Swelling Allergic and Immunologic Head allergy symptoms Seasonal allergies Hay fever symptoms List any medications you take: List all major illnesses and injuries	Runny nose			
Dry throat/mouth Cardiovascular (heart/blood vessels) Respiratory (lungs/breathing) Chronic bronchitis Gastrointestinal (stomach/intestines) Genitourinary (genitals/kidney/bladder) Musculoskeletal Muscle pain Joint pain Integument (skin and/or breast) Neurological Psychiatric Endocrine Hematological/Lymphatics Blood Lymph nodes Swelling Allergic and Immunologic Head allergy symptoms Seasonal allergies Hay fever symptoms Hay fever symptoms PAST HISTORY List all major illnesses and injuries	Post-nasal drip			
Cardiovascular (heart/blood vessels) Respiratory (lungs/breathing) Chronic bronchitis Gastrointestinal (stomach/intestines) Genitourinary (genitals/kidney/bladder) Musculoskeletal Muscle pain Joint pain Integument (skin and/or breast) Neurological Psychiatric Endocrine Hematological/Lymphatics Blood Lymph nodes Swelling Allergic and Immunologic Head allergy symptoms Seasonal allergies Hay fever symptoms PAST HISTORY List any medications you take: List all major illnesses and injuries	Chronic cough			
Respiratory (lungs/breathing) Chronic bronchitis Gastrointestinal (stomach/intestines) Genitourinary (genitals/kidney/bladder) Musculoskeletal Muscle pain Joint pain Integument (skin and/or breast) Neurological Psychiatric Endocrine Hematological/Lymphatics Blood Lymph nodes Swelling Allergic and Immunologic Head allergy symptoms Seasonal allergies Hay fever symptoms PAST HISTORY List all major illnesses and injuries	Dry throat/mouth			
Chronic bronchitis Gastrointestinal (stomach/intestines) Genitourinary (genitals/kidney/bladder) Musculoskeletal Muscle pain Joint pain Integument (skin and/or breast) Neurological Psychiatric Endocrine Hematological/Lymphatics Blood Lymph nodes Swelling Allergic and Immunologic Head allergy symptoms Seasonal allergies Hay fever symptoms PAST HISTORY List all major illnesses and injuries	Cardiovascular (heart/blood vessels)			
Gastrointestinal (stomach/intestines) Genitourinary (genitals/kidney/bladder) Musculoskeletal Muscle pain Joint pain Integument (skin and/or breast) Neurological Psychiatric Endocrine Hematological/Lymphatics Blood Lymph nodes Swelling Allergic and Immunologic Head allergy symptoms Seasonal allergies Hay fever symptoms PAST HISTORY List all major illnesses and injuries	Respiratory (lungs/breathing)			
Genitourinary (genitals/kidney/bladder) Musculoskeletal Muscle pain Joint pain Integument (skin and/or breast) Neurological Psychiatric Endocrine Hematological/Lymphatics Blood Lymph nodes Swelling Allergic and Immunologic Head allergies Hay fever symptoms PAST HISTORY List all major illnesses and injuries	Chronic bronchitis			
Musculoskeletal Muscle pain Joint pain Integument (skin and/or breast) Neurological Psychiatric Endocrine Hematological/Lymphatics Blood Lymph nodes Swelling Allergic and Immunologic Head allergy symptoms Seasonal allergies Hay fever symptoms PAST HISTORY List any medications you take: List all major illnesses and injuries	Gastrointestinal (stomach/intestines)			
Muscle pain Joint pain Integument (skin and/or breast) Neurological Psychiatric Endocrine Hematological/Lymphatics Blood Lymph nodes Swelling Allergic and Immunologic Head allergy symptoms Seasonal allergies Hay fever symptoms Seasonal allergies Hay fever symptoms List any medications you take: List all major illnesses and injuries	Genitourinary (genitals/kidney/bladder)			
Joint pain Integument (skin and/or breast) Neurological Psychiatric Endocrine Hematological/Lymphatics Blood Lymph nodes Swelling Allergic and Immunologic Head allergy symptoms Seasonal allergies Hay fever symptoms Seasonal willnesses and injuries List all major illnesses and injuries	Musculoskeletal			
Integument (skin and/or breast) Neurological Psychiatric Endocrine Hematological/Lymphatics Blood Lymph nodes Swelling Allergic and Immunologic Head allergy symptoms Seasonal allergies Hay fever symptoms PAST HISTORY List any medications you take: List all major illnesses and injuries	Muscle pain			
Neurological Psychiatric Endocrine Hematological/Lymphatics Blood Lymph nodes Swelling Allergic and Immunologic Head allergy symptoms Seasonal allergies Hay fever symptoms PAST HISTORY List any medications you take: List all major illnesses and injuries	Joint pain			
Psychiatric	Integument (skin and/or breast)			
Endocrine Hematological/Lymphatics Blood Lymph nodes Swelling Allergic and Immunologic Head allergy symptoms Seasonal allergies Hay fever symptoms PAST HISTORY List any medications you take: List all major illnesses and injuries	Neurological			
Hematological/Lymphatics Blood Lymph nodes Swelling Allergic and Immunologic Head allergy symptoms Seasonal allergies Hay fever symptoms DAST HISTORY List any medications you take: List all major illnesses and injuries	Psychiatric			
Blood Lymph nodes Swelling Allergic and Immunologic Head allergy symptoms Seasonal allergies Hay fever symptoms PAST HISTORY List any medications you take: List all major illnesses and injuries	Endocrine			
Lymph nodes Swelling Allergic and Immunologic Head allergy symptoms Seasonal allergies Hay fever symptoms PAST HISTORY List any medications you take: List all major illnesses and injuries	Hematological/Lymphatics			
Swelling Allergic and Immunologic Head allergy symptoms Seasonal allergies Hay fever symptoms PAST HISTORY List any medications you take: List all major illnesses and injuries	Blood			
Allergic and Immunologic Head allergy symptoms Seasonal allergies Hay fever symptoms PAST HISTORY List any medications you take: List all major illnesses and injuries	Lymph nodes			
Head allergy symptoms Seasonal allergies Hay fever symptoms PAST HISTORY List any medications you take: List all major illnesses and injuries	Swelling			
Seasonal allergies Hay fever symptoms PAST HISTORY List any medications you take: List all major illnesses and injuries	Allergic and Immunologic			
PAST HISTORY List any medications you take: List all major illnesses and injuries	Head allergy symptoms			
PAST HISTORY List any medications you take: List all major illnesses and injuries	Seasonal allergies			
List any medications you take: List all major illnesses and injuries	Hay fever symptoms			
List all major illnesses and injuries	PAST HISTORY			
	List any medications you take:			
List any surgeries you have had	List all major illnesses and injuries			
List any surgeries you have had				
	List any surgeries you have had			

Have you had crossed eyes, lazy eye, drooping eyelid or prominent eyes?								
Do you have allergies to any medications? YES NO If YES, list medications								
FAMILY HISTORY								
DISEASES	YES	NO	RELATIONSHIP TO PATIENT					
Blindness								
Cataract								
Glaucoma								
Macular degeneration								
Retinal detachment								
Arthritis								
Cancer								
Diabetes								
Heart attacks								
High blood pressure								
Kidney disease								
Lupus								
Sjogrens Syndrome								
Stroke								
Thyroid disease								
Tuberculosis								
Other								

SOCIAL HISTORY

Current occupation:			
Do you drive?	□ YES	□ NO	
Do you have visual difficulty when driving?	□ YES	□ NO	
Do you have a problem with night vision?	□ YES	□ NO	
Have you ever tried to wear contacts?	□ YES	□ NO	
Do you currently wear glasses?	□ YES	□ NO	
If yes, how long have you had the current pair? _			
Do you drink alcohol?	□ YES	□ NO	
If YES, how many glasses a day			
Do you smoke?	□ YES	□ NO	
If YES, how many packs a day			
Have you ever had a blood transfusion?	☐ YES	□ NO	
Have you ever been in contact with a person who had a sexually transmitted disease?	□ YES	□ NO	
History reviewed	□ No changes		☐ Additions as noted above
Physicians signature:			Date: