

**CHIEF COMPLAINT:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEDICAL HX:**  
 ALLERGIES: \_\_\_\_\_  
 CURRENT MEDICATIONS: \_\_\_\_\_  
 INJURIES/SURGERIES/HOSPITALIZATION: \_\_\_\_\_  
 ARE YOU PREGNANT? Y N

<b>FAMILY HX:</b>			RELATIONSHIP TO YOU: (MOTHER, FATHER, GRANDPARENT, ETC.)
CATARACTS:	Y	N	_____
GLAUCOMA:	Y	N	_____
MACULAR DEGENERATION:	Y	N	_____
OTHER: _____			_____

**SOCIAL HX:**  
 DO YOU USE TOBACCO? Y N DO YOU USE ILLEGAL DRUGS? Y N DO YOU CONSUME ALCOHOL? Y N

**REVIEW OF SYSTEMS: DO YOU CURRENTLY, OR EVER HAD ANY PROBLEMS IN THE FOLLOWING AREAS?:**

BONES/JOINTS/MUSCLES	NO	YES	?	EXPLAIN:
Joint/Muscle Pain	_____	_____	_____	_____
Rheumatoid Arthritis	_____	_____	_____	_____
<b>EARS/NOSE/MOUTH/THROAT</b>				
Allergies	_____	_____	_____	_____
Chronic Cough	_____	_____	_____	_____
Dry Throat/Mouth	_____	_____	_____	_____
Sinus Congestion	_____	_____	_____	_____
<b>ENDOCRINE (thyroids/glands)</b>	_____	_____	_____	_____
<b>EYES</b>				
Burning	_____	_____	_____	_____
Dryness	_____	_____	_____	_____
Excess Tearing/watering	_____	_____	_____	_____
Eye Pain or Soreness	_____	_____	_____	_____
Flashes/Floaters in vision	_____	_____	_____	_____
Glare/Light Sensitivity	_____	_____	_____	_____
Itching	_____	_____	_____	_____
Mucous Discharge	_____	_____	_____	_____
Redness	_____	_____	_____	_____
Sties or Chalazion	_____	_____	_____	_____
Vision: Blurred/Distorted/Loss	_____	_____	_____	_____
<b>GASTROINTESTINAL</b>				
Constipation	_____	_____	_____	_____
Diarrhea	_____	_____	_____	_____
<b>GENITOURINARY (bladder/kidneys)</b>	_____	_____	_____	_____
<b>INTEGUMENTARY (Skin)</b>	_____	_____	_____	_____
<b>LYMPHATIC/HEMATOLOGIC</b>				
Anemia	_____	_____	_____	_____
Bleeding problems	_____	_____	_____	_____
<b>NEUROLOGIC</b>				
Headaches/Migraines	_____	_____	_____	_____
Seizures	_____	_____	_____	_____
<b>PSYCHIATRIC</b>	_____	_____	_____	_____
<b>RESPIRATORY</b>				
Asthma	_____	_____	_____	_____
Chronic Bronchitis	_____	_____	_____	_____
Emphysema	_____	_____	_____	_____
<b>VASCULAR</b>				
Diabetes	_____	_____	_____	_____
Heart Pain	_____	_____	_____	_____
High Blood Pressure	_____	_____	_____	_____
Vascular Disease	_____	_____	_____	_____