



Eye Care Pavilion

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Patients' Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Doctor \_\_\_\_\_

Pharmacy and Address \_\_\_\_\_

What is the reason you are seeking vision care at this time? \_\_\_\_\_

Current Medications  NONE

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

Previous Surgeries  NONE

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

Known Allergies to Medications  NONE

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

Previous Eye Surgeries  NONE

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

Patient's Health History (check those you have/had)

- Diabetes
- High Blood Pressure
- High Cholesterol
- Thyroid Disorder
- Heart Disease
- Stroke
- Cancer - Type \_\_\_\_\_

Family Health History

- Diabetes
- High Blood Pressure
- High Cholesterol
- Thyroid Disorder
- Heart Disease
- Stroke
- Cancer - Type \_\_\_\_\_

Family Member(s)

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

Patient's Eye Disease (check those you have/had)

- Lazy Eye (Amblyopia)
- Blindness
- Macular Degeneration
- Retinal Detachment
- Retinal Hole
- Eye Turn (Strabismus)
- Cataracts
- Glaucoma
- Keratoconus
- Poor Color Vision
- Double Vision
- Flashes of Light
- Floaters/Spots
- Decreased Night Vision

Family Eye Disease

- Lazy Eye (Amblyopia)
- Blindness
- Macular Degeneration
- Retinal Detachment
- Retinal Hole
- Eye Turn (Strabismus)
- Cataracts
- Glaucoma
- Keratoconus
- Poor Color Vision

Family Member(s)

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

PLEASE CONTINUE ON OTHER SIDE

## REVIEW OF SYSTEMS

Please mark any you currently have or have had. If none of the below apply, then mark  NONE.

### CARDIOVASCULAR

- Congestive Heart Failure
- Heart Attack
- Pace Maker
- High Cholesterol
- High Blood Pressure
- Irregular Heartbeat
- Other \_\_\_\_\_
- NONE

### CONSTITUTIONAL

- Anemia
- Excessive Thirst
- Dizziness
- Excessive Urination
- Other \_\_\_\_\_
- NONE

### ENDOCRINE

- Gout
- Renal/Kidney Disease
- Crohn's Disease
- Thyroid Disorder
- Diabetes
- Pituitary Disorder
- Other \_\_\_\_\_
- NONE

### GASTROINTESTINAL

- Acid Reflux
- Colitis
- Pancreatitis
- Hepatitis
- Ulcer
- Other \_\_\_\_\_
- NONE

### GENITOURINARY

- Prostate Cancer
- Menopause
- STD
- If female, are you pregnant?
- Other \_\_\_\_\_
- NONE

### HEAD

- Dry Mouth
- Migraines
- Sinus Disease
- Headaches
- Seizures
- Head Trauma
- Other \_\_\_\_\_
- NONE

### HEMATOLOGIC/ LYMPHATIC

- Large Volume Blood Loss
- Leukemia
- Temporal Arteritis
- Hodgkin's Disease
- Sickle Cell Disease
- Blood Transfusion
- Other \_\_\_\_\_
- NONE

### IMMUNOLOGICAL

- AIDS/HIV Positive
- Histoplasmosis
- Tuberculosis
- Herpes Simplex
- Sarcoidosis
- Shingles
- Sjogren's Syndrome
- Other \_\_\_\_\_
- NONE

### INTEGUMENTARY

- Acne Rosacea
- Psoriasis
- Lupus
- Eczema
- Other \_\_\_\_\_
- NONE

### MUSCULOSKELETAL

- Ankylosing Spondylitis
- Down's Syndrome
- Muscular Dystrophy
- Arthritis
- Myasthenia Gravis
- Rheumatoid Arthritis
- Fibromyalgia
- Other \_\_\_\_\_
- NONE

### NEUROLOGICAL

- Bell's Palsy
- Epilepsy
- Involuntary Movements
- Brain Injury
- Parkinson's Disease
- Multiple Sclerosis
- Stroke
- Other \_\_\_\_\_
- NONE

### PSYCHIATRIC

- Depression
- ADD/ADHD
- Autism
- Alzheimer's Disease
- Bipolar Disorder
- Anxiety Disorder
- Dementia
- Schizophrenia
- Other \_\_\_\_\_
- NONE

### RESPIRATORY

- Asthma
- Sleep Apnea
- Cystic Fibrosis
- Emphysema
- COPD
- Other \_\_\_\_\_
- NONE

## SOCIAL HISTORY

Tobacco Use:  Never been a smoker  Yes —  everyday  occasionally  Smokless Tobacco  Former smoker

Alcohol Use:  None  Socially  1-2 Drinks Daily  Above Average Use

Recreational Drugs:  No  Yes

*I have read and updated my health history to the best of my knowledge.*

Patient/Legal Guardian Signature \_\_\_\_\_

Reviewed by (staff) \_\_\_\_\_

Patient's Initials \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Physician's Initials \_\_\_\_\_