

## MEDICAL HISTORY QUESTIONNAIRE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**PLEASE ANSWER ALL 9 OF THE FOLLOWING:**

(Please write "NONE" if appropriate.)

1. What eye problem brings you to the doctor today? \_\_\_\_\_

\_\_\_\_\_

2. Please list past eye problems and eye surgeries: \_\_\_\_\_

\_\_\_\_\_

3. Please list all medical conditions (including those being treated) or injuries: \_\_\_\_\_

\_\_\_\_\_

4. Please list all surgeries you've had: \_\_\_\_\_

\_\_\_\_\_

5. Please list all current medications including eye drops: \_\_\_\_\_

\_\_\_\_\_

6. Please list all medication allergies: \_\_\_\_\_

\_\_\_\_\_

7. Do you **currently** have any problems in the following areas?

GENERAL / CONSTITUTIONAL (fever, weight loss, other)	SKIN (pimples, warts, growths, rash, etc)
EARS, NOSE, THROAT (stuffy nose, ear ache, cough, etc)	NEUROLOGICAL (numbness, headache, etc)
CARDIOVASCULAR (high BP, racing pulse, etc)	PSYCHIATRIC (anxiety, depression, insomnia)
RESPIRATORY (congestion, wheezing, etc)	ENDOCRINE (diabetes, hypothyroid, etc)
GASTROINTESTINAL (stomach upset, diarrhea, etc)	BLOOD / LYMPH (cholesterolemia, anemia, etc)
GENITAL, KIDNEY, BLADDER (painful or frequent urination, etc)	ALLERGIC / IMMUNOLOGIC (sneezing, swelling, redness, itching, etc)
MUSCLES, BONES, JOINTS (joint pain, stiffness, swelling, cramps, etc)	DETAILS / OTHER:

### 8. FAMILY HISTORY

Disease	YES	NO	Relationship to Patient	Disease	YES	NO	Relationship to Patient
Blindness				Arthritis			
Cataract				Cancer			
Eye Muscle Disorder				Diabetes			
Glasses				Heart Disease			
Glaucoma				High BP			
Other				Thyroid Disease			

### 9. SOCIAL HISTORY

Current occupation: _____				Marital Status: (Circle one)    Single    Married    Divorced    Widowed			
Do you drink alcohol?	YES	NO	If YES: (Circle one)    Occasional    1 / day	2-3 / day	4+ / day		
Do you smoke?	YES	NO	If YES: (Circle one)    Occasional    ½ pack / day	1 pack / day	1+ pack / day		

Patient / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_