

# Patient's Medical History

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please answer the following questions about your medical status and history:**

1. Have you ever been treated for any medical conditions (e.g. diabetes, high blood pressure, arthritis, etc)? YES  NO  If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_
2. Have you ever been hospitalized? YES  NO   
If YES, please provide date and reason: \_\_\_\_\_  
\_\_\_\_\_

**Review of Systems:**

Do you currently have any of the following problems?

Chronic fever, unexpected weight loss/gain, fatigue..... YES  ..... NO

If YES, please explain: \_\_\_\_\_

Ear/nose/throat problems (e.g. hearing loss, sinus problems, sore throat) ..... YES  ..... NO

If YES, please explain: \_\_\_\_\_

Heart Problems (e.g. chest pain, irregular heart beat) ..... YES  ..... NO

If YES, please explain: \_\_\_\_\_

Respiratory problems (e.g. shortness of breath, wheezing, coughing) ..... YES  ..... NO

If YES, please explain: \_\_\_\_\_

Gastrointestinal problems (e.g. heartburn, abdominal pain, diarrhea, vomiting) .... YES  ..... NO

If YES, please explain: \_\_\_\_\_

Urinal problems (e.g. pain or discomfort, blood in urine) ..... YES  ..... NO

If YES, please explain: \_\_\_\_\_

Skin problems (e.g. rashes, excessive dryness) ..... YES  ..... NO

If YES, please explain: \_\_\_\_\_

Musculoskeletal problems (e.g. muscle aches, joint pain, swollen joints) ..... YES  ..... NO

If YES, please explain: \_\_\_\_\_

Neurological problems (e.g. numbness, weakness, headaches, paralysis) ..... YES  ..... NO

If YES, please explain: \_\_\_\_\_

Psychiatric problems (e.g. depression, anxiety) ..... YES  ..... NO

If YES, please explain: \_\_\_\_\_

**Family and Social History:**

Do any medical or eye diseases run in your family (e.g. diabetes, high blood pressure, cancer, glaucoma, macular degeneration)? YES  NO

If YES, please explain: \_\_\_\_\_

Do you smoke? YES  NO  If Yes, how much? \_\_\_\_\_

Do you drink alcohol? YES  NO  If Yes, how much? \_\_\_\_\_

If employed, how many hours per week do you work? \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_