

PATIENT MEDICAL HISTORY

Patient Name:	Preferred Name:	Date of Birth:	Date:	PN:
Pronoun:				
<input type="checkbox"/> He, Him, His <input type="checkbox"/> She, Her, Hers <input type="checkbox"/> They, Them, Theirs <input type="checkbox"/> Ze, Hir <input type="checkbox"/> Other <input type="checkbox"/> Decline to Answer				
Gender Identity:				
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender queer <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Other <input type="checkbox"/> Choose Not to Disclose				

- CHIEF COMPLAINT / REASON FOR VISIT**
- Follow-up advised by Doctor
 - Blurry vision
 - Decreased/Distorted Vision
 - Double vision
 - Eye discharge
 - Eye pain
 - Flash of light in vision
 - Floater in vision
 - Headache
 - Itching& Irritation
 - Lazy eye
 - Red eye
 - Sensitive to light
 - Vision loss
 - Other
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- EYE SURGICAL HISTORY**
- Cataract extraction
 - Corneal collagen cross linking
 - Cornea transplant
 - Glaucoma surgery
 - LASIK
 - Photorefractive keratectomy (PRK)
 - Repair of retina
 - Strabismus Surgery
 - Other
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- SURGICAL HISTORY**
- Angioplasty
 - Brain surgery
 - CABG
 - Cardiac catheterization
 - Cardiac pacemaker
 - Cardiac stent

- SURGICAL HISTORY (cont.)**
- Heart defibrillator surgery
 - Sinus surgery
 - Thyroidectomy
 - Other
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- MEDICAL HISTORY**
- Allergies
 - Arthritis
 - Asthma
 - Benign prostatic hypertrophy
 - Bleeding disorder
 - Cancer
 - Concussion
 - COPD
 - Dementia
 - Diabetes
 - Epilepsy
 - Head injury
 - Headache, migraine
 - Heart disease
 - High cholesterol
 - Inflammatory bowel disease
 - Kidney disease
 - Liver disease
 - Multiple sclerosis (MS)
 - Pregnancy/nursing
 - Stroke
 - Thyroid disease
 - Other
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- EYE HISTORY**
- Cataract
 - Corneal injury
 - Cross-eye / Strabismus
 - Diabetes eye disease
 - Eye injury
 - Glaucoma

- EYE HISTORY (cont.)**
- Keratoconus
 - Lazy eye / Amblyopia
 - Macular degeneration
 - Retinal detachment
 - Retinal tear
 - Other
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- FAMILY HISTORY**
- Amblyopia
 - Asthma
 - Blindness
 - Cancer
 - Cardiovascular disease
 - Cataracts
 - Colitis
 - Color blindness
 - Corneal disease
 - Crohn's disease
 - Diabetes
 - Glaucoma
 - Heart disease
 - High cholesterol
 - Hypertension
 - Kidney disease
 - Lupus erythematosus
 - Macular degeneration
 - Migraines
 - Multiple sclerosis
 - Nearsightedness/Myopia
 - Phakomatosis
 - Respiratory disease
 - Retinal disease
 - Seizure disorder
 - Sjogren's syndrome
 - Strabismus
 - Stroke
 - Thyroid disorder
 - Other
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	Reviewed by	Date
	, O.D.	/ /
Patient/Guardian Name (Printed):	Patient/Guardian Signature:	Date
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