Medical History Questionnaire

Past Medical History

Check any of the medical conditions that you **CURRENTLY** have:

- ☐ None
- ☐ Anxiety
- ☐ Arthritis
- ☐ Asthma
- ☐ Irregular Heartbeat
- ☐ Bone Marrow Transplant
- ☐ Enlarged Prostate
- ☐ Breast Cancer
- ☐ Colon Cancer
- ☐ COPD
- ☐ Coronary Heart Disease
- ☐ Other:
- ☐ Depression
- ☐ Diabetes
- ☐ End Stage Renal Disease
- ☐ GERD, Acid Reflux
- ☐ Hearing Loss
- ☐ Hepatitis
- ☐ High Blood Pressure
- ☐ HIV/AIDS
- ☐ High Cholesterol
- ☐ Hyperthyroidism
- ☐ Hypothyroidism
- ☐ Leukemia
- ☐ Lung Cancer
- ☐ Lymphoma
- ☐ Prostate Cancer
- ☐ Radiation Treatment
- ☐ Seizures
- ☐ Strokes

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Past Surgeries

Have you had any surgeries on the following organs? Check all that apply.

- None
- Appendectomy
- Bladder Cyst Removal
- Breast Biopsy
- Breast: Lumpectomy (Both Breasts)
- Breast: Lumpectomy(Left Breast)
- Breast: Lumpectomy(Right Breast)
- Breast: Mastectomy(Both Breasts)
- Breast: Mastectomy(Left Breast)
- Breast: Mastectomy(Right Breast)
- Colon: Cancer Resection
- Colon: Diverticulitis
- Colon: Inflammatory Bowel Disease
- Colon: Colostomy
- Gallbladder removed
- Heart: Valve Replacement
- Heart: Coronary Artery Bypass
- Other:
- ☐ Heart: Heart Transplant
- ☐ Heart: Mechanical Valve
- ☐ Heart: Angioplasty, stents
- ☐ Joint Replacement: Hip(Both)
- ☐ Joint Replacement: Hip(Left)
- ☐ Joint Replacement: Hip(Right)
- ☐ Joint Replacement: Knee(Both)
- ☐ Joint Replacement: Knee(Left)
- ☐ Joint Replacement: Knee(Right)
- ☐ Kidney: Biopsy
- ☐ Kidney: Stone Removal
- ☐ Kidney: Transplant
- ☐ Kidney: Nephrectomy
- ☐ Liver: Hepatectomy
- ☐ Liver: Transplant
- ☐ Liver: Shunt
- ☐ Ovaries: Endometriosis
- ☐ Ovaries: Ovarian Cyst
- ☐ Ovaries: Tubal Ligation
- ☐ Pancreas: Pancreatectomy
- ☐ Prostate: Prostate Biopsy
- ☐ Prostate: Prostate Cancer
- ☐ Prostate: Partial Removal TURP
- ☐ Rectum: Cancer APR
- ☐ Rectum: Low Anterior
- ☐ Skin: Basal Cell Carcinoma
- ☐ Skin: Melanoma
- ☐ Skin: Skin Biopsy
- ☐ Skin: Squamous Cell Carcinoma
- ☐ Spleen(Splenectomy)
- ☐ Testicles(Orchiectomy)
- ☐ Hysterectomy: Resection fibroids
- ☐ Hysterectomy: Uterine Cancer
- ☐ Hysterectomy: Cervical Cancer

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Eye History Questionnaire

Ocular History

Check any eye conditions that you have:

- None
- Allergic Conjunctivitis
- Blepharitis
- Cataract RT
- Cataract LT
- Contacts Lenses
- Corneal Dystrophy RT
- Corneal Dystrophy LT
- Diabetic Retinopathy, Background RT
- Diabetic Retinopathy, Background LT
- Diabetic Retinopathy, Proliferative RT
- Diabetic Retinopathy, Proliferative LT
- Other
- Dry Eyes
- Glasses
- Glaucoma RT
- Glaucoma LT
- Macular Degeneration RT
- Macular Degeneration LT
- Epiretinal Membrane RT
- Epiretinal Membrane LT
- Narrow Angles RT
- Narrow Angeles LT
- Ocular Hypertension RT
- Ocular Hypertension LT
- Ophthalmic Migraine
- Pseudoexfoliation
- Retinal Tear, Detachment RT
- Retinal Tear, Detachment LT
- Strabismus
- Vitreous Detachment RT
- Vitreous Detachment LT
- Vitreous Floaters RT
- Vitreous Floater LT

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Ocular Surgery

Check any of the following eye surgeries you have had:

- None
- Eyelid Surgery RT
- Eyelid Surgery LT
- Cataract Surgery RT
- Cataract Surgery LT
- Corneal Transplant RT
- Corneal Transplant LT
- Partial Thickness Corneal Transplant RT
- Partial Thickness Corneal Transplant LT
- Eye Muscle Surgery
- Intravitreal Injections RT
- Other:
- Intravitreal Injections LT
- Lasik RT
- Lasik LT
- Laser Peripheral Iridotomy RT
- Laser Peripheral Iridotomy LT
- Laser Trabeculoplasty RT
- Laser Trabeculoplasty LT
- Laser Refractive Surgery RT
- Laser Refractive Surgery LT
- Ptosis Repair RT
- Ptosis Repair LT
- Punctal Plugs RT
- Punctal Plugs LT
- Strabismus Surgery
- Retinal Laser RT
- Retinal Laser LT
- Trabeculectomy RT
- Trabeculectomy LT
- Tube Shunt RT
- Tube Shunt LT
- Yag Capsulotomy RT
- Yag Capsulotomy LT

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Review of System

Check any symptoms or conditions you currently have:

	YES
Eyes:	
Blurred vision	☐
Distorted vision	☐
Sudden loss of vision	☐
Double vision	☐
Flashes or floaters	☐
Eye redness	☐
Eye pain	☐
Eye irritation	☐
Itchy eyes	☐
Dryness/burning	☐
Sandy/gritty feeling	☐
Tearing	☐
Light sensitivity	☐
Mucus discharge	☐
Foreign body	☐
Stye or bump	☐
Glaucoma	☐
Macular degeneration	☐
Narrow Angles	☐
Neurological:	
Headaches	☐
Stroke	☐
Endocrine:	
Diabetes	☐
Thyroid abnormalities	☐
Cardiovascular:	
High Blood Pressure	☐
High Cholesterol	☐
Cardiovascular disease	☐
Blood thinners	☐
Allergic/Immunologic:	
Allergies	☐
Hay fever	☐
Other:	☐

	YES
Respiratory:	
Asthma	☐
COPD	☐
ENT and Mouth:	
Acid Reflux	☐
Sinus congestion	☐
Ear aches	☐
Musculoskeletal:	
Arthritis	☐
Joint pains	☐
Skin:	
Skin rash	☐
Melanomas	☐
Constitutional:	
Fever	☐
Weight loss	☐
Blood/Lymph:	
Anemia	☐
Lupus	☐
Psychiatric:	
Depression	☐
Anxiety	☐
Insomnia	☐
Gastrointestinal:	
GI disorders	☐
Colitis	☐
Urinary:	
Urinary Problems	☐
Kidney disease	☐
Pregnant	☐
Flomax	☐
MRSA	☐

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