

Medical Information

Date: _____

Referred By: _____

Name: _____

Family Doctor: _____

Date of Birth: _____

I. Past History

1) Medication Allergies:

2) Medical History: Have you ever been treated for any medical conditions? If yes, please circle:

High Blood Pressure Asthma Thyroid Arthritis Heart Disease HIV Seasonal Allergies

Diabetes/Date Diagnosed: _____ Cancer/Type _____ Date Diagnosed: _____

Other _____

3) Current Medications:

MED _____ REASON: _____ MED _____ REASON: _____

MED _____ REASON: _____ MED _____ REASON: _____

MED _____ REASON: _____ MED _____ REASON: _____

4) Surgical History:

II. Family History

(Mother, father, siblings, grandparents, aunts, uncles) LIST RELATIONSHIP OF EACH CONDITION

Cataracts _____

Glaucoma _____

Retinal problems or other retinal disorders _____

Diabetes _____

High Blood Pressure _____

Heart Disease _____

Other _____

III. Social History

Do you drive? NO YES Hobbies: _____

Alcohol (list type and use by frequency) _____

Tobacco NO YES _____ packs/day _____ years

Do you live alone with spouse Other _____

Use of Illegal Drugs (list type and use: present/past) _____

(for office use only)

PFSH + ROS Updated:

Year Initials

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Medical History Updated:

Year Initials

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Vitals Updated:

Year Initials

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

IV. Review of Systems

1) Constitutional

Normal

- Fever
- Weight Loss
- Other _____

2) Eyes

Normal

- Blurred Vision
- Double Vision
- Pain
- Discharge
- Other _____

3) Ears, Nose, Mouth, Throat

Normal

- Pain _____
- Mass
- Discharge
- Hearing Loss
- Loss of Smell
- Other _____

4) Cardiovascular

Normal

- Chest Pain _____
- Shortness of Breath
- Irregular Heart Beat
- Other _____

5) Respiratory

Normal

- Shortness of Breath
- Cough
- Asthma
- Other _____

6) Gastrointestinal

Normal

- Change in Bowel Habits
- Diarrhea
- Constipation
- Stomach Pain
- Ulcers
- Other _____

7) Hematological/Lymphatic

Normal

- Anemia
- Blood Disease
- Free Bleeder
- Swollen Lymph Nodes
- Other _____

8) Musculoskeletal

Normal

- Weakness
- Joint Pain
- Decreased Range of Motion
- Other _____

9) Integumentary (Skin/Breast)

Normal

- Masses
- Tumors
- Pigmented Lesions
- Rash
- Other _____

10) Neurologic

Normal

- Weakness
- Tingling
- Numbness
- Other _____