



Name _____ Date _____

Medical Information Sheet

1. Please list any current medical illnesses or conditions:

2. Please list *ALL* medications that you are currently taking:

3. Are you allergic to any medication? If so, please list them:

4. Do you have any *EYE DISEASES* ? If so, please list them:

5. Do you have any relatives that have any *EYE DISEASES* ? If so, please list the disease and the relationship to you:

6. Have you had any previous *EYE SURGERIES OR LASER SURGERY* ?
Cataract Surgery? YES NO
Glaucoma Surgery? YES NO
Retina Surgery? YES NO

7. Who is your regular medical physician?

Review of Systems

CURRENT MEDICAL DOCTOR: _____

SKIN: itching, rash, ulcer, tumors (growths), other None

LYMPH NODES: swelling, tenderness, other None

BONES, JOINTS, MUSCLES: muscle pain/cramps, joint pain, swelling, other None

ENDOCRINE(eg. thyroid): fatigue, confusion, fainting, nervousness, hot/cold intolerance, hair loss, other None

ALLERGY/IMMUNOLOGY: recurrent infections, hayfever, hives, food allergy drug sensitivity, other None

HEAD: headaches, dizziness, vertigo, other None

EARS: hearing loss, ringing, infections, other None

NOSE: bleeding, loss of smell, congestion, sinus problems, other None

THROAT: dry mouth, loss of taste, difficulty swallowing, hoarseness, other None

NECK: pain, swelling, stiffness, other None

BREASTS: tenderness, swelling, lumps, discharge, other None

BLOOD: fever/chills, bruise easily, prolonged bleeding, skin hemorrhages blood loss, other None

RESPIRATORY: wheezing, cough (productive/blood), difficulty breathing, asthma, other None

CARDIOVASCULAR (heart/blood vessels): chest pain, swelling of extremities shortness of breath, exercise intolerance, other None

GASTROINTESTINAL (stomach/intestines): nausea, vomiting, change in bowel habits, constipation, diarrhea, pain/cramps, bleeding, other None

GENITOURINARY (kidney/bladder): frequency, burning, hesitancy, pain or bleeding on urination, infections, incontinence, impotence, other None

NERVOUS SYSTEM: weakness in arms or legs, numbness or tingling, loss of consciousness, falls, difficulty walking, seizures, tremors, neuralgia, other None

PSYCHIATRIC: disorientation, mood swings, anxiety, depression, hallucinations None
