

SEDONA EYE CARE

PATIENT MEDICAL HISTORY

ALLERGIC/REACTION <hr/> <hr/> <hr/>	CARDIOVASCULAR NO ____ ____ CHOLESTEROL ELEVATED ____ HEART DISEASE ____ HIGH BLOOD PRESSURE ____ HYPERTENSION ____ MYOCARDIAL INFARCTION ____ STROKE ____ OTHER _____ MEDICATION _____	CONSTITUTIONAL NO ____ ____ BLACKOUTS ____ DIZZINESS ____ FATIGUE ____ FEVER ____ OTHER _____ MEDICATION _____
ENDOCRINE NO ____ ____ DIABETES TYPE I ____ DIABETES TYPE II ____ PRE-DIABETIC ____ HYPOGLYCEMIA ____ THYROID DISORDER ____ OTHER _____ MEDICATION _____	GASTROINTESTINAL NO ____ ____ COLITIS ____ CIRRHOSIS ____ CROHN'S ____ DIGESTIVE _____ ____ ULCER ____ OTHER _____ MEDICATION _____	GENITOURINARY NO ____ ____ CANCER _____ ____ SEXUALLY TRANSMITTED ____ PREGNANT (POSSIBLE) ____ OTHER _____ MEDICATION _____
EARS/NOSE/MOUTH/THROAT NO ____ ____ ENCEPHALITIS ____ HEADACHES ____ SINUSITIS ____ OTHER _____ MEDICATION _____	HEMATOLOGIC/LYMPHATIC NO ____ ____ ANEMIA ____ COAGULATION DISORDER ____ LEUKEMIA ____ POLYCYTHEMIA ____ OTHER _____ MEDICATION _____	IMMUNOLOGIC NO ____ ____ AIDS ____ DIPHTHERIA ____ HERPES ____ INFLUENZA ____ OTHER _____ MEDICATION _____
INTEGUMENTARY NO ____ ____ BASAL CELL NEVUS SYNDROME ____ DRY SKIN ____ OCULAR ROSACEA ____ PSORIASIS ____ OTHER _____ MEDICATION _____	MUSCULOSKELETAL NO ____ ____ ARTHRITIS (OSTEOPOROSIS) ____ ARTHRITIS (RHEUMATOID) ____ MUSCULAR DYSTROPHY ____ MYASTHENIA GRAVIS ____ OSTEOPOROSIS- EARLY / ADV ____ OTHER _____ MEDICATION _____	NEUROLOGICAL NO ____ ____ HEADACHE ____ MULTIPLE SCLEROSIS ____ SEIZURE DISORDER ____ TRIGEMINAL NEURALGIA ____ OTHER _____ MEDICATION _____
PSYCHIATRIC NO ____ ____ ANXIETY DISORDER ____ DEPRESSION ____ SCHIZOPHRENIA ____ OTHER _____ MEDICATION _____	RESPIRATORY NO ____ ____ ASTHMA ____ BRONCHITIS ____ LUNG DISEASE ____ SMOKER ____ OTHER _____ MEDICATION _____	ADDITIONAL MEDICATIONS _____ _____ _____
EYES NO ____ ____ GLAUCOMA ____ CATARACT ____ MACULA DEGENERATION MEDICATION _____ _____ SUPPLEMENTS _____ _____	FAMILY HISTORY NO ____ ____ GLAUCOMA MOTHER FATHER SISTER BROTHER MATERNAL: GRANDMOTHER FATHER PATERNAL: GRANDMOTHER FATHER ____ MACULA DEGENERATION MOTHER FATHER SISTER BROTHER MATERNAL: GRANDMOTHER FATHER PATERNAL: GRANDMOTHER FATHER ____ DIABETES MOTHER FATHER SISTER BROTHER MATERNAL: GRANDMOTHER FATHER PATERNAL: GRANDMOTHER FATHER	SOCIAL DO YOU DRINK ALCOHOL? ____ YES ____ NO IF YES: SOCIAL 1-2 3+ DO YOU SMOKE? ____ YES ____ NO IF YES: OCCASIONALLY ½ PACK A DAY 1 PACK A DAY MORE THAN 1 PACK A DAY DID YOU USE TO SMOKE? ____ YES ____ NO HOW LONG AGO? _____