Patient History Questionnaire				DATE:					
First Name:			_ Last	Name: State:					
Address:			City	r: State:_		<u> </u>			
Home Phone:			_ *****	Cell Filone.					
Occupation:			_ Email:	i					
Date of Birth //	Ge	nder: F	_/ M	: Parent/Guardian:					
What is the main reason fo									
				•					
Review of Systems	ems you a	re experie	encing or t	think you might be. You do not have to) check	"No."			
Do you currently or have you ever had a	any problem	s in the follo	owing areas	8					
CONSTITUTIONAL				EARS, NOSE THROAT AND MO	HTU				
Fever	Yes	No	?	Allergies / Hay Fever	Yes	No	?		
Weight Gain/Loss	Yes	No	7	Sinus Congestion	Yes	No	?		
INTEGUMENTARY				Runny Nose	Yes	No	?		
Skin	Yes	No	?	Post-Nasal Drip	Yes	No	?		
NEUROLOGICAL	163	140	_	Chronic Cough	Yes	No	?		
Headaches	Yes	No	?	Dry Throat / Mouth	Yes	No	?		
Migraines	Yes	No.		Ringing In Ears	Yes	No	?		
Seizures	Yes	No	-,	Ear Pain or Infection	Yes	No	?		
EYES				Hearing Aids	Yes	No	?		
Loss of Vision	Yes	No	2	Deaf	Yes	No	?		
Blurred Vision	Yes	No.	; ?	VASCULAR, CARDIOVASCUL			_		
Distored Vision/Halos	Yes	No	-,	Diabetes	Yes	No	?		
Loss of Side Vision	Yes	No.	2	Heart Disease	Yes	No	?		
Double Vision	Yes	No.	—;	High Blood Pressure	Yes	No	?		
Dryness	Yes	No	:	High Cholesterol	Yes	No	?		
Mucous Discharge	Yes	No	-,		103				
Redness	Yes	No.		GASTROINTESTINAL Diarrhea	Yes	No	?		
Itching	Yes	No		Constipation	Yes	No	f		
Burning	Yes	No		An action Common	165				
Foreign Body Sensation	Yes	No	-;	GENITOURINARY	*********	***			
Excess Tearing	Yes	No		Gonads / Kidneys / Bladder	Yes	No	?		
Glare / Light Sensitivity	Yes	No	— <u>·</u>	BONES / JOINTS / MUSCLES	5				
Eye Pain or Soreness	Yes	No	?	Rheumatoid Arthritis	Yes	No	?		
Chronic Infection of Eye or Lid	Yes	No	?	Muscle Pain	Yes	No	?		
Styes or Chalazion	Yes	No	?	Joint Pain	Yes	No	?		
Flashers	Yes	No	7	LYMPHATIC / HEMATOLOGI	CAL				
Floaters in Vision	Yes	No	?	Anemia	Yes	No	?		
Tired eyes	Yes	No		Bleeding Problems	Yes	No	?		
RESPIRATORY			-	ENDOCRINE	- 33 NEW		_		
Asthma	Yes	No	?	Thyroid / Other Glands	Yes	No	?		
Chronic Bronchitis	Yes	No	?						
Emphysema	Yes	No	?	ALLERGIC, IMMUNOLOGIC	Yes	No	?		
Sleep Apnea	Yes	No		PSYCHIATRIC	Yes	No	?		
areap i quied				PSICIIAIRIC	162	MO	f		

If you answered "?" to any of the above or have a condition not listed, please explain.

		works are		blings child	dren, living or	dosposed) for t	he following	conditions
Please note any family	history (pa	irents, gra	indparents, sit	90,		deceased) for t	ile ronorring	Conditions
DISEASE/CONDITIO	N					RELATIONS	SHIP	
Blindness			Yes	No	?			
Cataract			Yes	No	?			
Glaucoma			Yes	No	?			
Crossed Eyes			Yes	No	?			
Macular Degenerat			Yes	No	?			
Retinal Detachmen	t / Disease	1	Yes	No	?			
Arthritis			Yes	No	?			
Cancer			Yes	No	?			
Diabetes			Yes	No	?			
Heart Disease			Yes	No	7			
High Blood Pressur	e		Yes	No	?			
High Cholesterol			Yes	No	?			
Kidney Disease			Yes	No	?			
Lupus Thyroid Disease			Yes	No	?			
Other			Yes	No	?			
If Other, expl	ain		Yes	No	?			
a canal, anp								
ledical History								
	a Madiastics	7	100					
Do you have any allergies T	o medication	15?	Yes No)				
If Yes, Explain								
List any medications you tal	e (including	oral contra	contivos scorio	over the co	unter medicati	one and home rem	edies)	
List any medications you tai	e (including	oral contra	cepuves, asprin	, over the co	Junter medicati	ons and nome rem	leules)	
List all major injuries, surge	ries and/or h	nospitalizati	ons you have ha	ad:				
List Any of the following tha	t vou have h	nad:						
	t you have h	nad:				• 5279.44000		
List Any of the following that Prominent Eyes	t you have h Yes	nad: No	Crossed Ey	es Yes	No	Lazy ey	e Yes	No
List Any of the following that Prominent Eyes Eye Infection			Crossed Ey		No No	Lazy eyo		No No
Prominent Eyes	Yes Yes	No No	Retinal Disea	ase Yes	No	Glaucom	a Yes	No
Prominent Eyes Eye Infection	Yes	No		ase Yes			a Yes	
Prominent Eyes Eye Infection Cataracts	Yes Yes	No No	Retinal Disea	ase Yes	No	Glaucom	a Yes	No
Prominent Eyes Eye Infection Cataracts Are you pregnant?	Yes Yes Yes	No No No	Retinal Disea	ase Yes ury Yes	No No	Glaucom Drooping Eyes	a Yes	No No
Prominent Eyes Eye Infection Cataracts	Yes Yes Yes	No No No	Retinal Disea	ase Yes ury Yes	No	Glaucom Drooping Eyes	a Yes	No
Prominent Eyes Eye Infection Cataracts Are you pregnant? Do you wear glasses	Yes Yes Yes Yes Yes Yes	No No No No	Retinal Disea Eye Inj If yes, how	ase Yes ury Yes old is your p	No No present pair of	Glaucom Drooping Eyes enses?	a Yes	No No
Prominent Eyes Eye Infection Cataracts Are you pregnant? Do you wear glasses Do you wear contacts?	Yes Yes Yes	No No No	Retinal Disea Eye Inj If yes, how	ase Yes ury Yes old is your p	No No present pair of larger	Glaucom Drooping Eyes enses? enses?	a Yes Yes	No No Years
Prominent Eyes Eye Infection Cataracts Are you pregnant? Do you wear glasses	Yes Yes Yes Yes Yes Yes	No No No No	Retinal Disea Eye Inj If yes, how	old is your p	No No present pair of	Glaucom Drooping Eyes enses?	a Yes Yes	No No Years
Prominent Eyes Eye Infection Cataracts Are you pregnant? Do you wear glasses Do you wear contacts?	Yes Yes Yes Yes Yes Yes Yes	No No No No	Retinal Disea Eye Inj If yes, how If yes, how	old is your p	No No present pair of larger	Glaucom Drooping Eyes enses? enses?	a Yes Yes	No No Years Weeks
Prominent Eyes Eye Infection Cataracts Are you pregnant? Do you wear glasses Do you wear contacts? Type of Contact Lenses:	Yes Yes Yes Yes Yes Yes Yes	No No No No	Retinal Disea Eye Inj If yes, how If yes, how	old is your p	No No present pair of larger	Glaucom Drooping Eyes enses? enses?	a Yes Yes	No No Years Weeks
Prominent Eyes Eye Infection Cataracts Are you pregnant? Do you wear glasses Do you wear contacts? Type of Contact Lenses:	Yes Yes Yes Yes Yes Yes Yes	No No No No	Retinal Disea Eye Inj If yes, how If yes, how	old is your p	No No present pair of larger	Glaucom Drooping Eyes enses? enses?	a Yes Yes	No No Years Weeks
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Prominent Eyes Eye Infection Cataracts Are you pregnant? Do you wear glasses Do you wear contacts? Type of Contact Lenses: ocial History This information is kept strice	Yes Yes Yes Yes Yes Yes Rigid	No No No No No Soft	Retinal Disea Eye Inj If yes, how If yes, how Extended	old is your pold is your pold wear	No No oresent pair of l oresent pair of l Other	Glaucom Drooping Eyes lenses? Are they com	Yes Yes fortable?	No No Years Weeks
Prominent Eyes Eye Infection Cataracts Are you pregnant? Do you wear glasses Do you wear contacts? Type of Contact Lenses: ocial History This information is kept strice	Yes Yes Yes Yes Yes Yes Rigid	No No No No No Soft	Retinal Disea Eye Inj If yes, how If yes, how Extended	old is your pold is your pold wear	No No oresent pair of l oresent pair of l Other	Glaucom Drooping Eyes lenses? lenses? Are they com	Yes Yes fortable?	No No Years Weeks
Prominent Eyes Eye Infection Cataracts Are you pregnant? Do you wear glasses Do you wear contacts? Type of Contact Lenses: ocial History This information is kept strice	Yes Yes Yes Yes Yes Yes Rigid	No No No No No Soft	Retinal Disea Eye Inj If yes, how If yes, how Extended	old is your pold is your pold is your pold wear	No No No oresent pair of l oresent pair of l Other directly with the	Glaucom Drooping Eyes enses? Are they com e doctor if you pref	Yes Yes fortable?	No No Years Weeks Yes No
Prominent Eyes Eye Infection Cataracts Are you pregnant? Do you wear glasses Do you wear contacts? Type of Contact Lenses: ocial History This information is kept stric Yes I WOULD Do You Drive? Yes	Yes Yes Yes Yes Yes Yes Rigid Ctly confiden O PREFER TO	No No No No No Soft tial. Howev D DISCUSS	Retinal Disea Eye Inj If yes, how If yes, how Extended Yer you discuss to	old is your pold is your pold is your pold wear	No No No oresent pair of l oresent pair of l Other directly with the	Glaucom Drooping Eyes lenses? Are they com e doctor if you pref	Yes Yes fortable?	No No Years Weeks Yes No
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Prominent Eyes Eye Infection Cataracts Are you pregnant? Do you wear glasses Do you wear contacts? Type of Contact Lenses: ocial History This information is kept stric Yes I WOULD Do You Drive? Yes	Yes Yes Yes Yes Yes Yes Rigid Ctly confiden O PREFER TO	No No No No No Soft tial. Howev D DISCUSS	Retinal Disea Eye Inj If yes, how If yes, how Extended Yer you discuss to	old is your pold is your pold is your pold wear	No No No oresent pair of l oresent pair of l Other directly with the	Glaucom Drooping Eyes enses? Are they com e doctor if you pref	Yes Yes fortable?	No No Years Weeks Yes No
Prominent Eyes Eye Infection Cataracts Are you pregnant? Do you wear glasses Do you wear contacts? Type of Contact Lenses: ocial History This information is kept strict Yes I WOULD Do You Drive? Yes If yes Do You use:	Yes Yes Yes Yes Yes Yes Rigid Ctly confident O PREFER TO No s, please de	No No No No No Soft tial. Howev DISCUSS If yes, o	Retinal Disea Eye Inj If yes, how If yes, how Extended ver you discuss to MY SOCIAL HIST do you have any	old is your pold wear	No No No oresent pair of loresent pair o	Glaucom Drooping Eyes enses? Are they com e doctor if you pref	Yes Yes fortable?	No No Years Weeks Yes No
Prominent Eyes Eye Infection Cataracts Are you pregnant? Do you wear glasses Do you wear contacts? Type of Contact Lenses: ocial History This information is kept strict Yes I WOULD Do You Drive? Yes If ye	Yes Yes Yes Yes Yes Yes Rigid Ctly confiden O PREFER TO	No No No No No Soft tial. Howev D DISCUSS If yes, o	Retinal Disea Eye Inj If yes, how If yes, how Extended Yer you discuss to	old is your pold wear	No No No oresent pair of loresent pair o	Glaucom Drooping Eyes enses? Are they com e doctor if you pref	Yes Yes fortable?	No No Years Weeks Yes No
Prominent Eyes Eye Infection Cataracts Are you pregnant? Do you wear glasses Do you wear contacts? Type of Contact Lenses: ocial History This information is kept strictly are I WOULD Do You Drive? Yes If yes Do You use: tobacco products?	Yes Yes Yes Yes Yes Yes Rigid Ctly confident O PREFER TO No s, please de	No No No No No Soft tial. Howev D DISCUSS If yes, o scribe	Retinal Disea Eye Inj If yes, how If yes, how Extended Yer you discuss to MY SOCIAL HIST do you have any If yes, type / an	old is your pold wear this portion of TORY information of the poly informa	No N	Glaucom Drooping Eyes enses? Are they com e doctor if you pref	Yes Yes fortable?	No No Years Weeks Yes No
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Prominent Eyes Eye Infection Cataracts Are you pregnant? Do you wear glasses Do you wear contacts? Type of Contact Lenses: ocial History This information is kept strictly yes I WOULD Do You Drive? Yes If yes Do You use: tobacco products?	Yes Yes Yes Yes Yes Yes Rigid Ctly confident O PREFER TO No s, please de	No No No No No Soft tial. Howev D DISCUSS If yes, o scribe	Retinal Disea Eye Inj If yes, how If yes, how Extended Yer you discuss to MY SOCIAL HIST do you have any If yes, type / an	old is your pold wear this portion of TORY inFOR	No N	Glaucom Drooping Eyes enses? Are they com e doctor if you pref	Yes Yes fortable?	No No Years Weeks Yes No
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Prominent Eyes Eye Infection Cataracts Are you pregnant? Do you wear glasses Do you wear contacts? Type of Contact Lenses: Ocial History This information is kept strictly as I WOULD Do You Drive? Yes If yes Do You use: tobacco products? alcohol?	Yes Yes Yes Yes Yes Yes Rigid Ctly confident O PREFER TO No s, please de Yes Yes Yes	No No No No No No Soft tial. Howev D DISCUSS If yes, o scribe No No No	Retinal Disea Eye Inj If yes, how If yes, how Extended Yer you discuss to MY SOCIAL HIST do you have any If yes, type / and If yes, type / and	old is your pold Wear this portion of TORY INFORT visual difficulties anount / how mount / how	No N	Glaucom Drooping Eyes enses? Are they com e doctor if you pref	Yes Yes fortable?	No No Years Weeks Yes No
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Prominent Eyes Eye Infection Cataracts Are you pregnant? Do you wear glasses Do you wear contacts? Type of Contact Lenses: ocial History This information is kept strictly yes I WOULT Do You Drive? Yes If yes Do You use: tobacco products? alcohol?	Yes Yes Yes Yes Yes Yes Rigid Ctly confident O PREFER TO No s, please de Yes Yes Yes	No No No No No No Soft tial. Howev D DISCUSS If yes, o scribe No No No	Retinal Disea Eye Inj If yes, how If yes, how Extended Yer you discuss to MY SOCIAL HIST do you have any If yes, type / and If yes, type / and If yes, type / and	old is your pold Wear this portion of TORY INFORT visual difficulties anount / how mount / how	No N	Glaucom Drooping Eyes enses? Are they com e doctor if you pref TLY WITH MY DOC	Yes Yes fortable?	No No Years Weeks Yes No