



EYE CLINIC, P.C.

PATIENT MEDICAL INFORMATION SHEET

Name: _____ Date of Birth: _____

Pharmacy: _____ City: _____

Alcohol Use: Yes / No

Tobacco Use: Yes / No

Allergies: Please circle or list any known drug allergies: _____

Aspirin Caines Codeine Dilating Drops Penicillin Sulfa

Past Medical History:

List any past surgery: _____

Past Ocular History:

List any past eye surgery: _____

Family History: Check all that apply and list family members.

- | | |
|--|--|
| <input type="checkbox"/> Glaucoma_____ | <input type="checkbox"/> Diabetes_____ |
| <input type="checkbox"/> High Blood Pressure_____ | <input type="checkbox"/> Cancer_____ |
| <input type="checkbox"/> Crossed Eyes_____ | <input type="checkbox"/> Macular Degeneration_____ |
| <input type="checkbox"/> Heart Disease_____ | <input type="checkbox"/> Retinal Detachment_____ |
| <input type="checkbox"/> Rheumatoid Arthritis_____ | <input type="checkbox"/> Sarcoidosis_____ |

Current Eye Medications

(include % & dosage)

Current General Medications

(include mg & dosage)

Review of Systems

Circle any current problems you are having.

General Symptoms:

Difficulty sleeping Drowsiness Fatigue Malaise
Poor appetite Weight loss Weight Gain

Ears / Nose / Mouth / Throat:

Hearing Problems Tinnitus Vertigo Ear infections
Sense of smell Allergies Sinusitis

Gastrointestinal:

Constipation Diarrhea Bowel habits change Acid reflux
Ulcers Difficulty swallowing Cramps

Musculoskeletal:

Joint pain Muscle aches Muscle weakness Back pain
Neck pain Leg cramps Decreased range of motion Osteoporosis

Neurological:

Stroke TIA's Seizures Headaches Migraine headaches
Paralysis Tremors Numbness

Endocrine:

Non-insulin dependent diabetic Insulin dependent diabetic Borderline diabetic
Hypoglycemic Thyroid problems Goiter Nervousness

Psychiatric:

Depression Manic Depression Panic attacks Anxiety
Suicide Attempts Mood swings Bi-polar disorder

Hematologic / Lymphatic:

Blood disorder Bleeding disorder Bruises easily Anemia
Leukemia Hepatitis HIV

Respiratory:

Asthma COPD Emphysema Shortness of breath
Wheezing Tuberculosis Bronchitis

Cardiovascular:

High cholesterol Heart attack Angina High blood pressure
Varicose veins Blood clots in legs Murmur Irregular Heart Beat Heart problems

Genitourinary:

Difficult urination Frequent Urination Incontinence Blood in urine
Bladder infections Kidney stones Prostate Cancer STD Yeast infections

Skin:

Rashes Itching Psoriasis Masses / lesions Color changes
Skin tags Acne Rosacea Melanoma Dryness