**Retina Specialists of Alabama, LLC**

**Patient Name:** _____ **Date:** _____

| Family Medical History Questionnaire (Please check all that apply) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | **Mom** | **Dad** | **Brother** | **Sister** | **Son** | **Daughter** | **Aunt** | **Uncle** | **Grandfather** | **Grandmother** |
| **Diabetes** | | | | | | | | | | |
| **Cancer** | | | | | | | | | | |
| **Stroke** | | | | | | | | | | |
| **Heart Disease** | | | | | | | | | | |
| **Hypertension** | | | | | | | | | | |
| **Kidney Disease** | | | | | | | | | | |
| **Autoimmune Disease** | | | | | | | | | | |
| **Thyroid Disease** | | | | | | | | | | |
| **Glaucoma** | | | | | | | | | | |
| **Macular Degeneration** | | | | | | | | | | |
| **Retinal Detachment** | | | | | | | | | | |
| **Blindness** | | | | | | | | | | |
| **Retinitis Pigmentosa** | | | | | | | | | | |
| **Stargardt Disease** | | | | | | | | | | |
| **Stickler Syndrome** | | | | | | | | | | |
| **Marfan Syndrome** | | | | | | | | | | |
| **Amblyopia** | | | | | | | | | | |
| **Uveitis** | | | | | | | | | | |

**ADDITIONAL INFO:** _____

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