Retina Specialists of Alabama, LLC

MEDICAL AND OCULAR HISTORY

Patient Name: _____ **Date:** _____

Eye Doctor: _____ **Address:** _____

Medical Doctor: _____ **Address:** _____

Other Doctor: _____

_____

Height _____ **Weight** _____ **Age:** _____

SMOKING STATUS:

- ☐ Never Smoked
- ☐ Former Smoker
- ☐ Current Everyday Smoker
- ☐ Current Some day Smoker

MAJOR MEDICAL DIAGNOSIS

DIABETES: Type 1 or Type 2 Year of Diagnosis_____

Hemaglobin A1C? _____ Recent Glucose _____

Neuropathy? Yes / No Kidney Failure? Yes / No

(Please check all that apply)

- ☐ Hypertension
- ☐ High Cholesterol
- ☐ Atrial Fibrillation
- ☐ Coronary Artery Disease
- ☐ Congestive Heart Failure
- ☐ Anemia
- ☐ Blood Clots
- ☐ Sickle Cell
- ☐ COPD
- ☐ Asthma
- ☐ Emphysema
- ☐ Sleep Apnea
- ☐ Sarcoidosis
- ☐ Lupus
- ☐ Rheumatoid Arthritis
- ☐ Other Autoimmune Disease
- ☐ HIV/AIDS
- ☐ Syphilis
- ☐ Tuberculosis
- ☐ Stroke
- ☐ Seizures
- ☐ Lyme Disease
- ☐ Liver Disease
- ☐ Thyroid Disease
- ☐ Cancer
- ☐ Multiple Sclerosis
- ☐ Kidney Disease
- ☐ OTHER:

_____

_____

_____

_____

REVIEW OF SYSTEMS

Allergy/Immunology:
- ☐ Seasonal Allergies
- ☐ Autoimmune Disease

Cardiovascular:
- ☐ Chest Pain
- ☐ Shortness of Breath
- ☐ Swelling of Feet
- ☐ Racing Pulse
- ☐ Irregular Heart Beat
- ☐ Blood Pressure Controlled
- ☐ Blood Pressure Uncontrolled

Constitutional:
- ☐ Fever
- ☐ Weight loss
- ☐ Fatigue
- ☐ Loss of Appetite
- ☐ Chills
- ☐ Night Sweats

Endocrine:
- ☐ Excess Thirst
- ☐ Excess Urination
- ☐ Heat Intolerance
- ☐ Cold Intolerance
- ☐ Hair Loss
- ☐ Dry Skin
- ☐ Blood Sugars Controlled
- ☐ Blood Sugars Uncontrolled

Gastrointestinal:
- ☐ Abdominal Pain
- ☐ Nausea
- ☐ Diarrhea
- ☐ Bloody Stools
- ☐ Constipation
- ☐ Ulcers

Genitourinary:
- ☐ Pain/Burning on Urination
- ☐ Blood in Urine
- ☐ Bladder Trouble
- ☐ Kidney Stones
- ☐ Diaylsis
  if yes when:_____

Hematology/Oncology:
- ☐ Easy Bruising
- ☐ Prolonged Bleeding

HENT:
- ☐ Hearing Loss
- ☐ Sore Throat
- ☐ Runny Nose
- ☐ Dry Mouth
- ☐ Jaw Claudication
- ☐ Ear Ache

Integumentary:
- ☐ Rash
- ☐ Change in Mole
- ☐ Skin Sores
- ☐ Severe Itching

Musculoskeletal:
- ☐ Muscle Aches
- ☐ Joint Pain
- ☐ Back Pain
- ☐ Difficulty laying flat

Neurological:
- ☐ Weakness
- ☐ Headaches
- ☐ Scalp Tenderness
- ☐ Dizziness
- ☐ Paralysis of Extremities
- ☐ Tremor
- ☐ Numbness
- ☐ Fainting

Respiratory:
- ☐ Wheezing
- ☐ Cough
- ☐ Difficulty Breathing

Psychiatric:
- ☐ ADHD
- ☐ Depression
- ☐ Bipolar

MEDICATIONS

ALL medicines INCLUDING eye drops

NAME	DOSAGE	FREQUENCY	EYE

ALLERGIES

NAME	REACTION	DATE

SURGICAL HISTORY

Systemic & Eye (i.e. heart stents, cataract surgery)

PROCEDURE	SURGEON	DATE