

**Campus Eye Center**  
**PATIENT OPHTHALMIC / MEDICAL HISTORY**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Dr. \_\_\_\_\_ Referring Dr. \_\_\_\_\_

**Ocular History**

Yes No

- Cataracts \_\_\_\_\_  
Surgery  W/IOL  W/O IOL  
Date of surgery: R. Eye: \_\_\_\_\_  
L. Eye: \_\_\_\_\_
- Retinal Disease \_\_\_\_\_
- Crossed Eyes \_\_\_\_\_
- Iritis \_\_\_\_\_
- Corneal Disease \_\_\_\_\_
- Glaucoma \_\_\_\_\_
- Injury \_\_\_\_\_
- Others \_\_\_\_\_

**Social History**

Yes No

- Do you have a history of tobacco use?
- Do you drink alcohol? \_\_\_\_\_
- Do you take drugs? \_\_\_\_\_
- Are you working?  \_\_\_\_\_ Retired?  \_\_\_\_\_

**Family / Relative History**

(Note Relation to patient: F-Father, M-Mother, P-Paternal, M-Maternal, S-Sister, B-Brother, GF-Grandfather, GM-Grandmother, U-Uncle, and A-Aunt)

Yes No

- Cataracts \_\_\_\_\_
- Glaucoma \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Retinal Detachment \_\_\_\_\_
- Macular Degeneration \_\_\_\_\_
- Strabismus \_\_\_\_\_
- Amblyopia \_\_\_\_\_
- Other: \_\_\_\_\_  
\_\_\_\_\_

**No Known Drug Allergies**  
**Allergies / Reaction:**  
\_\_\_\_\_  
\_\_\_\_\_

**Medications (Including EYEDROPS)**

Name of Medication	Dosage	Instructions for Medication
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**Review of Systems:** (Do you currently have any problems in the following areas?)

**Constitutional**

- Sudden weight gain
- Sudden weight loss
- Weakness
- Fever
- Fatigue
- Chills
- Other \_\_\_\_\_
- None

**Cardiovascular**

- Chest pain
- Heart disease
- Bypass surgery
- Congested heart failure
- High cholesterol
- Hypertension controlled
- Hypertension uncontrolled
- Stroke
- Pacemaker
- Irregular heart beat
- Stent
- Other \_\_\_\_\_
- none

**Ear, Nose, Throat**

- Hearing aid
  - Right ear
  - Left ear
- Mouth sores
- Vertigo
- Chronic sinusitis
- Sore throat
- Other \_\_\_\_\_
- None

**Respiratory**

- COPD
- Emphysema
- Lung cancer
- Pneumonia
- Sleep apnea
- Tuberculosis
- Other \_\_\_\_\_
- None

**Gastrointestinal**

- GERD (reflux)
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hernia
- Pancreatitis
- Chron's Disease
- Diarrhea
- Gall bladder disease
- Other \_\_\_\_\_
- None

**Genitourinary (kidney/Bladder)**

- Benign prostate hyperplasia
- Bladder infection
- Dialysis
- Kidney failure /stones/transplant
- Menopause symptoms
- Ovarian cysts/cancer
- Prostate cancer
- Renal cancer
- Other \_\_\_\_\_
- None

**Musculoskeletal**

- Arthritis
- Cerebral palsy
- Gout
- Juvenile rheumatoid arthritis
- MS
- Rheumatoid arthritis
- Osteoporosis
- Other \_\_\_\_\_
- None

**Integumentary (skin)**

- Bruising
- Changes in nails/hair
- Dermatitis
- Eczema
- Psoriasis
- Rosacea
- Other \_\_\_\_\_
- None

**Neurologic**

- Bell's palsy
- Cranial nerve palsy
- Dizziness
- Seizures
- Stroke
- TIA
- Epilepsy
- Migraines
- Neuropathy
- Weakness/tingling/numbness
- Other \_\_\_\_\_
- None

**Endocrine**

- Diabetes
  - Type 1
  - Type 2
  - Diet controlled diabetes
- Insulin dependent diabetes mellitus
- Non-insulin dependent diabetes mellitus
- Hyperthyroidism
- Hypothyroidism
- Other \_\_\_\_\_
- None

**Hematologic/Lymphatic**

- Anemia
- Blood disorders
- Enlarged/swollen lymph nodes
- Leukemia
- Lyme disease
- Lymphoma
- Plateles disorders
- Other \_\_\_\_\_
- None

**Allergy/Immu.**

- Allergy shots
- HIV
- Lupus
- Immune disorder
- Seasonal allergies
- Other \_\_\_\_\_
- None