

Date: _____ **Patient Name:** _____

Race: _____ Ethnicity: _____

1. Medication Allergies with type of reaction for each (ex: itching, shortness of breath, redness, rash):

2. Current Medications (Systemic and Ocular):

3. Current Medical History:

Thyroid Disease	Y/N	Hypertension	Y/N	Stroke	Y/N
Arthritis	Y/N	Heart Disease	Y/N	Migraines	Y/N
Cholesterol	Y/N	Asthma	Y/N	Cancer	Y/N
Emphysema	Y/N	Diabetes	Y/N	Hepatitis (A, B, or C)	Y/N
HIV	Y/N	Fever Blisters	Y/N		

4. Past Surgical History:

5. Current Ocular History:

Cataract	Y/N	Glaucoma	Y/N	Dry Eye	Y/N		
Retinal Detachment	Y/N	Amblyopia	Y/N	Eye__	Trauma	Y/N	Eye__
Floater/Flashes	Y/N	Diabetic Retinopathy	Y/N				
Age-Related Macular Degeneration	Y/N						

6. Past Ocular History, list date if known (EX: Lasik, Eye muscle surgery, Cataract Surgery):

7. Family History:

Cataract	Y/N	Retinal Detachment	Y/N	Glaucoma	Y/N	Heart Disease	Y/N
Age- Related Macular Degeneration	Y/N	Diabetes	Y/N	Hypertension	Y/N		
Cancer	Y/N						

CONTINUED ON BACK

8. **Social History:** Alcohol Y/N Occasional Social Moderate/ Every day
Tobacco Y/N Packs per day Pipe
Drugs Y/N

9. **Review of Systems: Please Check or Circle**

Are you currently experiencing any of the following symptoms?

Constitutional:

Normal Fever Weight Loss Other

Ears, Nose, Throat, and mouth:

Normal Pain Mass Discharge Hear Loss Smell Other

Cardiovascular:

Normal Chest Pain Shortness of Breath Irregular Heart Beat Other

Respiratory:

Normal Short of Breath Cough Asthma Other

Gastrointestinal:

Normal Bowl Changes Diarrhea Constipation Stomach pain Ulcers
 Other

Hematologic/ Lymphatic

Normal Anemia Blood Disease Free Bleeder Swollen Lymph Nodes
 Other

Musculoskeletal:

Normal Weakness Joint Pain Limited Motion Other

Integumentary (Skin/Breast):

Normal Masses Tumors Pigmented Lesions Rash Other

Neurologic:

Normal Weakness Tingling Numbness Other

Eyes:

Normal Blurred Vision Double Vision Pain Discharge Other

All other negative

PFSH + ROS Updates (FOR OFFICE USE ONLY) YEAR SIGNATURE YEAR SIGNATURE YEAR SIGNATURE

