* Please Check All That Apply

Family Ocular History

- ☐ None
- ☐ Blindness
- ☐ Cataracts
- ☐ Crossed eyes
- ☐ Glaucoma
- ☐ Macular degeneration
- ☐ Retinal disease
- ☐ Retinal detachment

Family Medical History

- ☐ None
- ☐ Arthritis
- ☐ Cancer
- ☐ Diabetes
- ☐ Heart disease
- ☐ High blood pressure
- ☐ Kidney disease
- ☐ Lupus
- ☐ Thyroid
- ☐ Other diseases

Personal Ocular History

- ☐ None
- ☐ Blurred vision
- ☐ Distorted vision
- ☐ Double vision
- ☐ Flashes
- ☐ Floaters
- ☐ Glare/Light sensitivity
- ☐ Halos
- ☐ Loss of vision
- ☐ Loss of side vision
- ☐ Burning
- ☐ Dryness
- ☐ Foreign body sensation
- ☐ Itching
- ☐ Mucous discharge
- ☐ Redness
- ☐ Sandy/Gritty feeling
- ☐ Tearing/Watering
- ☐ Tired eyes
- ☐ Chronic infection of eye/lid
- ☐ Eye pain or soreness
- ☐ Injuries
- ☐ Styes or chalazion
- ☐ Surgeries
- ☐ Blindness
- ☐ Cataracts
- ☐ Glaucoma
- ☐ Macular Degeneration
- ☐ Retinal Disease

Personal Medical History

- ☐ None
- ☐ Fever, weight loss/gain
- ☐ Skin disease
- ☐ Headaches
- ☐ Migraines
- ☐ Seizures
- ☐ Allergies
- ☐ Chronic cough
- ☐ Dry throat/mouth
- ☐ Post-nasal drip
- ☐ Runny nose
- ☐ Sinus congestion
- ☐ Asthma
- ☐ Chronic bronchitis
- ☐ COPD
- ☐ Emphysema
- ☐ Diabetes
- ☐ Heart disease
- ☐ High blood pressure
- ☐ Vascular disease
- ☐ Constipation
- ☐ Diarrhea
- ☐ Genital/kidney/bladder
- ☐ Arthritis
- ☐ Muscle pain
- ☐ Joint pain
- ☐ Anemia
- ☐ Bleeding problems
- ☐ Allergic/Immunologic
- ☐ Depression
- ☐ Psychiatric
- ☐ Thyroid
- ☐ Other gland disease

Other Personal History

- ☐ Tobacco use
- ☐ Alcohol use
- ☐ Drugs (non-Rx, recreational)
- ☐ STDs
- ☐ HIV/AIDS
- ☐ Pregnant/Nursing

Medications

Allergies