

Date: _____ **Patient Name:** _____

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__ |
| Floaters/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

