DRUMMOND EYE CLINIC

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MEDICAL QUESTIONNAIRE

NAME: _____ **DATE:** _____

HEALTH HISTORY:

List any medications you are presently taking or have recently taken, including eye drops.

_____ _____ _____

_____ _____ _____

_____ _____ _____

List any medications you are allergic to: _____

List any major surgeries you have had, including eye surgeries: _____

_____

_____

Check any of the following which you have had or have at the present time:

Cardiovascular
- ☐ Heart Disease
- ☐ Cholesterol, Elevated
- ☐ Hypertension
- ☐ Stroke
- ☐ Vascular Disease
- ☐ _____

Constitutional
- ☐ Developmental Disability
- ☐ Weight Loss
- ☐ _____

Endocrine
- ☐ Cholesterol, Elevated
- ☐ Non-Insulin Dependent Diabetes
- ☐ Insulin-Dependent Diabetes
- ☐ Thyroid Dysfunction
- ☐ Hormonal Dysfunction
- ☐ _____

Eyes
- ☐ Glaucoma
- ☐ Cataracts
- ☐ Macular Degeneration
- ☐ Inflammatory Disorders
- ☐ _____

Gastrointestinal
- ☐ Crohn's
- ☐ Acid-Reflux Syndrome
- ☐ Colitis
- ☐ Hepatitis
- ☐ Digestive
- ☐ Ulcer
- ☐ _____

Genitourinary
- ☐ STD-Viral Herpetic, Chlamydia
- ☐ _____

Hematologic/Lymphatic
- ☐ Anemia
- ☐ Leukemia
- ☐ Large Volume Blood Loss
- ☐ _____

Immunologic
- ☐ AIDS
- ☐ Herpes Zoster
- ☐ HIV Positive
- ☐ Shingles
- ☐ _____

Integumentary
- ☐ Eczema
- ☐ Lupus
- ☐ Ocular Rosacea
- ☐ Psoriasis
- ☐ _____

Musculoskeletal
- ☐ Ankylosing Spondylitis
- ☐ Arthritis
- ☐ Rheumatoid Arthritis
- ☐ Muscular Dystrophy
- ☐ Osteoporosis
- ☐ Fibromyalgia
- ☐ _____

Neurological
- ☐ Dyslexia
- ☐ Epilepsy
- ☐ Headaches
- ☐ Headaches - Migrane
- ☐ Multiple Sclerosis
- ☐ _____

Psychiatric
- ☐ Anxiety Disorder
- ☐ Dementia
- ☐ Depression
- ☐ Schizophrenia
- ☐ _____

Respiratory
- ☐ Asthma
- ☐ Bronchitis
- ☐ COPD
- ☐ Emphysema
- ☐ _____

Do you use tobacco? Yes_____ No_____
Packs/Day_____ How long have you smoked?_____

Do you drink alcohol? Yes_____ No_____
Frequency_____

FAMILY HISTORY:

Check any of the following which any blood relatives presently have or has had in the past:

Ocular
- ☐ Amblyopia (lazy eye)
- ☐ Blindness
- ☐ Cataract
- ☐ Crossed Eye
- ☐ Glaucoma
- ☐ Macular Degeneration
- ☐ Retinal Detachment
- ☐ _____
- ☐ _____

Medical
- ☐ Diabetes
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ _____