

# Personal Medical History

## Eyes

- Glaucoma
- Cataracts
- Macular degeneration
- Eye surgeries \_\_\_\_\_
- Inflammatory disorders
- Blurred vision
- Double vision
- Diabetic retinopathy
- Carcinoma
- Other \_\_\_\_\_

## Constitutional

- Developmental disability
- Recent weight change
- Fever
- Fatigue
- Trauma
- Other \_\_\_\_\_

## Endocrine

- Diabetes, no insulin
- Diabetes, insulin
- Thyroid problem
- Hormone problems
- Other \_\_\_\_\_

## Cardiovascular

- Heart disease
- High Blood Pressure
- Stroke
- Vascular disease
- Other \_\_\_\_\_

## Respiratory

- Smoking status \_\_\_\_\_
- Asthma
- Bronchitis
- Emphysema
- Other \_\_\_\_\_

## Gastrointestinal

- Crohn's disease
- Colitis
- Ulcer
- Digestive
- Other \_\_\_\_\_

## Genitourinary

- Kidney disease
- STD – Herpes / Chlamydia
- Other \_\_\_\_\_

## Ear / Nose / Throat / Mouth

- Recent cold / flu / cough
- Chronic sinus congestion
- Other \_\_\_\_\_

## Musculoskeletal

- Fibromyalgia
- Muscular dystrophy
- Arthritis
- Ankylosing spondylitis
- Other \_\_\_\_\_

## Neurological

- Migraine
- Multiple sclerosis
- Epilepsy / seizures
- Alzheimers
- Parkinsons
- Cerebrovascular
- Other \_\_\_\_\_

## Blood / Lymph Systems

- Anemia
- Bleeding problems
- Leukemia
- Other \_\_\_\_\_

## Skin

- Eczema
- Rosacea
- Psoriasis
- Other \_\_\_\_\_

## Psychiatric

- Depression
- Panic disorder
- Schizophrenia
- Other \_\_\_\_\_

## Allergic / Immunologic

- Drug allergy \_\_\_\_\_
- Environment allergy
- Rheumatoid arthritis
- Lupus
- Other \_\_\_\_\_

## Substance Use

- Alcohol:  Never  Occasional  Daily  
Tobacco:  Never  Occasional  Daily  
Other drugs (recreational):  
 Never  Occasional  Daily

Please list all medications:

- I take no medications

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# Family Medical History

## Eyes

- Glaucoma
- Cataract
- Macular degeneration
- Other \_\_\_\_\_

## Medical

- High blood pressure
- Diabetes
- Other \_\_\_\_\_