

# Vision and Health History



Name: \_\_\_\_\_

## Please check if you have (or have had):

### Eyes and vision:

- Loss of vision
- Tearing
- Redness
- Dry eye
- Stye
- Eye pain
- Cataract
- Glaucoma
- Macular degeneration
- Flashes and floaters
- Eye surgery (please describe):  
\_\_\_\_\_  
\_\_\_\_\_

### Constitutional/Symptoms:

- Fever (recent)
- Weight loss/gain
- Scalp tenderness
- Jaw pain

### Ear, nose and throat:

- Hearing loss
- Ear ache
- Stuffy nose
- Dry mouth

### Respiratory:

- Cough/wheezing
- Sleep apnea
- Asthma
- COPD

### Musculoskeletal:

- Joint pain/stiffness
- Arthritis (osteo/rheumatoid)
- Artificial joint within past 2 years

### Cardiovascular:

- High blood pressure
- Rapid heart beat
- Irregular heart beat
- Coronary artery disease
- Artificial heart valve
- Pacemaker or defibrillator
- Rapid heartbeat w/epinephrine
- Stroke

### Endocrine:

- Diabetes (type 1/type 2)
- Thyroid abnormality (hypo/hyper/other)
- High cholesterol/triglycerides
- Pituitary disorder

### Gastrointestinal (GI):

- Upset stomach (recent)
- Diarrhea or constipation
- Hepatitis
- Burning on urination
- Urinary frequency
- Incontinence
- GERD
- Colitis or IBS

### Neurological:

- Headaches
- Seizure
- Stroke
- Multiple sclerosis
- Bell's palsy

### Psychiatric:

- Anxiety
- Depression
- Insomnia
- ADHD/ADD

