

**MEDICAL HISTORY – KILMORE EYE ASSOCIATES**

DATE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

PLEASE CHECK ALL THAT APPLIES TO YOU: (HPI – HISTORY PRESENT ILLNESS)

**EYES:**

- |   |   |
|---|---|
| <input type="checkbox"/> Glaucoma   | <input type="checkbox"/> Glare/Halo/Light Sensitivity |
| <input type="checkbox"/> Cataracts  | <input type="checkbox"/> Dryness/Burning/Sandy        |
| <input type="checkbox"/> Retinal Detachments                                    | <input type="checkbox"/> Blindness                    |
| <input type="checkbox"/> Macula Degeneration                                    | <input type="checkbox"/> Foreign Body Sensation       |
| <input type="checkbox"/> Floaters   | <input type="checkbox"/> Itching                      |
| <input type="checkbox"/> Light Flashes  | <input type="checkbox"/> Excess Tearing               |
| <input type="checkbox"/> Blurred Vision   | <input type="checkbox"/> Eye Pain/Soreness            |
| <input type="checkbox"/> Double Vision  | <input type="checkbox"/> "Lazy Eye"                   |
| <input type="checkbox"/> Loss of Vision (peripheral/center/horizontal/vertical) |   |

**GENERAL MEDICAL: (ROS- REVIEW OF SYMPTOMS)**

- Blood Pressure (high/low)
- Diabetes (diet/medication/insulin)
- Heart Disease (Vascular/pacemaker/irregular beat/CHF/heart attack/stents)
- Neurological (Stroke/MS/paralysis/epilepsy/fainting/migraines/convulsions)
- Respiratory (COPD/asthma/bronchitis/shortness of breath/TB/emphysema)
- Cancers
- Gastrointestinal (stomach /ulcers/colitis/liver)
- Kidney/Bladder (dialysis/stones/infection/failure)
- Muscles/Bones/Joints
- Thyroid (hyper/hypo/Graves)
- Psychiatric (anxiety/depression/insomnia)
- Arthritis (rheumatoid/osteoporosis/juvenile)
- Autoimmune Diseases (HIV/AIDS/Hepatitis/Fibromyalgia/Lupus)

**FAMILY HISTORY:**

- Glaucoma (father/mother/sibling/aunt/uncle/grandparent)
- Cataract (father/mother/sibling/aunt/uncle/grandparent)
- Macular Degeneration (father/mother/sibling/aunt/uncle/grandparent)
- Retinal Detachment (father/mother/sibling/aunt/uncle/grandparent)
- Retinitis Pigmentosa (father/mother/sibling/aunt/uncle/grandparent)
- Blindness (father/mother/sibling/aunt/uncle/grandparent)
- Arthritis (father/mother/sibling/aunt/uncle/grandparent)
- Cancer (father/mother/sibling/aunt/uncle/grandparent)
- Diabetes (father/mother/sibling/aunt/uncle/grandparent)
- Heart Disease/High Blood Pressure/Stroke(father/mother/sibling/aunt/uncle/grandparent)
- Kidney Disease (father/mother/sibling/aunt/uncle/grandparent)
- Autoimmune Diseases (father/mother/sibling/aunt/uncle/grandparent)
- Thyroid Disease (father/mother/sibling/aunt/uncle/grandparent)

**TURN OVER →**



