

# OPHTHALMIC SURGEONS AND PHYSICIANS, LTD.

## MEDICAL HISTORY FORM

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Date of Birth

● **Glasses wearer:**  No  Yes ● **CL wearer:**  No  Yes

● **Ocular Medications**  No active ocular meds

Medications	Sig Description

● **Systemic Medications**  No systemic meds at this time

Medications	Sig Description

● **Systemic Surgical History**

Surgery	Year	Outcome

● **Allergies**

No known allergies

Brand	Allergy	Reaction

● **Systemic Diseases**

Disease	Year

● **Social History**

Smokes:

- No  Yes  
 Formerly

Alcohol:

- No  Yes  
 Formerly

Caffeine:

- No  Yes

Drug use/abuse:

- No  Yes  
 Formerly

● **Past Ocular History**  No past ocular history noted  Pt has prosthetic  Right eye  Left eye

Category	Disease	Eye	When	Procedure	Eye	When

● **Family History**  No relevant family history  Adopted

Family Member	Y/N	Diagnosis

● **Vitals**

Date	Height Ft	Height In	Weight Lb

●  **Blood Sugar**

BS	BS Date	Time Taken	A1C	A1C Last Ckd

# MEDICAL HISTORY FORM

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

## ● Review Of Systems

### Constitutional

- | Neg                   | Pos                   |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
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Other positives:  Other negatives:

### Cardiovascular

- | Neg                   | Pos                   |
|-----------------------|-----------------------|
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Other positives:  Other negatives:

### Metabolic/Endocrine

- | Neg                   | Pos                   |
|-----------------------|-----------------------|
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Other positives:  Other negatives:

### Integumentary

- | Neg                   | Pos                   | Neg                   | Pos                   |
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Other positives:  Other negatives:

### HEENT

- | Neg                   | Pos                   | Neg                   | Pos                   |
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Other positives:  Other negatives:

### Gastrointestinal

- | Neg                   | Pos                   | Neg                   | Pos                   |
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Other positives:  Other negatives:

### Neurological

- | Neg                   | Pos                   |
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Other positives:  Other negatives:

### Musculoskeletal

- | Neg                   | Pos                   | Neg                   | Pos                   |
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Other positives:  Other negatives:

### Respiratory

- | Neg                   | Pos                   |
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Other positives:  Other negatives:

### Genitourinary

- | Neg                   | Pos                   |
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Other positives:  Other negatives:

### Psychiatric

- | Neg                   | Pos                   | Neg                   | Pos                   |
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Other positives:  Other negatives:

### Hematologic / Lymphatic

- | Neg                   | Pos                   |
|-----------------------|-----------------------|
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Other positives:  Other negatives:

### Immunologic

- | Neg                   | Pos                   |
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| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |

Other positives:  Other negatives: