

**Personal Medical History:**

**Eye:**                    \_\_\_ Glaucoma \_\_\_ Cataracts \_\_\_ Retinal Disorder \_\_\_ Macular Degeneration  
                             \_\_\_ Crossed/Lazy Eye \_\_\_ Keratoconus \_\_\_ Lasik \_\_\_ Corneal Transplant

**Constitutional:**    \_\_\_ Cancer \_\_\_ Developmental Disability

**Cardiovascular:**   \_\_\_ High Blood Pressure \_\_\_ Cholesterol \_\_\_ Stroke \_\_\_ Heart Disease

**Ear/Nose/Throat:** \_\_\_ Hearing Loss \_\_\_ Sinus

**Respiratory:**        \_\_\_ Asthma \_\_\_ Emphysema \_\_\_ COPD

**Gastrointestinal:** \_\_\_ Crohn’s \_\_\_ Colitis \_\_\_ Acid Reflux \_\_\_ GERD

**Genitourinary:**    \_\_\_ Bladder \_\_\_ Prostate \_\_\_ Kidney

**Musculoskeletal:** \_\_\_ Osteoarthritis \_\_\_ Fibromyalgia \_\_\_ Muscular Dystrophy  
                             \_\_\_ Rheumatoid \_\_\_ Arthritis

**Integumentary:**   \_\_\_ Eczema \_\_\_ Rosacea \_\_\_ Psoriasis

**Neurological:**     \_\_\_ Multiple Sclerosis \_\_\_ Epilepsy \_\_\_ Cerebral Palsy \_\_\_ Migraine

**Psychiatric:**      \_\_\_ ADHD \_\_\_ ADD \_\_\_ Anxiety \_\_\_ Depression \_\_\_ Bi-Polar  
                             \_\_\_ Schizophrenia

**Endocrine:**         \_\_\_ Non-Insulin Diabetes \_\_\_ Insulin dependent Diabetes  
                             \_\_\_ Thyroid Problem

**Hematological:**   \_\_\_ Anemia \_\_\_ Leukemia

**Auto-immune:**     \_\_\_ Lupus \_\_\_ HIV \_\_\_ Sjogrens Syndrome

**ALLERGIES:** (Drug/Environmental) \_\_\_\_\_

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**Family History: (parent, grandparent, siblings)**    **OR**                    \_\_\_ **Family History Unknown**

___ Amblyopia	___ Retinal Disorder	___ Thyroid Problem
___ Blindness	___ Strabismus	___ Hashimotos
___ Cataract	___ Arthritis	___ High Cholesterol
___ Macular Degeneration	___ Cancer	___ High Blood Pressure
___ Glaucoma	___ Diabetes	___ Stroke