

Family health history-circle all that apply: hypertension diabetes
heart disease stroke arthritis thyroid dysfunction cancer glaucoma
cataract kerataconus age-related macular disease retinal detachment
other _____

Personal Health History

Eyes _____

General

Circle all that apply:

- | | |
|----------------------|---------------------|
| fatigue | joint pain |
| weight loss | muscle weakness |
| weight gain | muscle pain |
| earache | skin rash |
| sinus problems | acne |
| sore throat | warts |
| ringing in ears | depression |
| dizziness | anxiety |
| nose bleeds | memory loss |
| wheezing | anemia |
| coughing | bruising |
| chest pains | bleeding |
| shortness of breath | lupus |
| palpitations | seizures |
| nausea | thyroid dysfunction |
| vomiting | diabetes |
| heartburn | hayfever |
| acid reflux | cancer |
| loss of appetite | paralysis |
| increase in appetite | blood in urine |
| increased thirst | constipation |
| frequent urination | Surgeries _____ |
| pain on urination | _____ |
| kidney stones | |