

**Review of Systems:** We are required by Medicare and Other Insurance Companies to ask the following questions.

Do you currently or have you ever had any problems in the following areas:

**CURRENT    PAST    NO**

**CURRENT    PAST    NO**

**CONSTITUTIONAL**

Fever, Weight loss/Gain

**INTEGUMENTARY (Skin)**

**NEUROLOGICAL**

Headaches

Migraines

Seizures

**EYES**

Cataract

Chalazion or Stye

Chronic Infection (Eye/Lid)

Crossed Eyes

Glaucoma

Injury/Trauma/Surgery

Eye

Macular Degeneration/Retina

Blurred Vision

Burning

Double Vision

Dryness

Eye Pain or Soreness

Flashes

Floaters in Vision

Foreign Body/Gritty/Sandy

Glare

Halos/Distorted Vision

Itching

Light Sensitivity

Loss of Vision/Side Vision

Mucous Discharge

Redness

Tearing/Watering

Tired Eyes

Twitching Eyelid

Other: Explain \_\_\_\_\_

**OTHER** Explain \_\_\_\_\_

**Please list all major injuries, surgeries, and/or hospitalizations** \_\_\_\_\_

**FAMILY HISTORY**

**Please note any family history (parents, grandparents, siblings, and children) living or deceased**

Blindness \_\_\_\_\_

Cataract \_\_\_\_\_

Crossed Eyes/Lazy Eye \_\_\_\_\_

Glaucoma \_\_\_\_\_

Macular Degeneration \_\_\_\_\_

Retinal Disease \_\_\_\_\_

Arthritis \_\_\_\_\_

Cancer \_\_\_\_\_

Diabetes \_\_\_\_\_

Heart Disease \_\_\_\_\_

High Blood Pressure \_\_\_\_\_

Kidney Disease \_\_\_\_\_

Lupus \_\_\_\_\_

Thyroid Disease \_\_\_\_\_

Other explain \_\_\_\_\_

**Patient's Signature**

**Date**

**Doctor's Signature**

**Date**

**EARS / NOSE / MOUTH / THROAT**

Allergies/Hay Fever

Sinus Congestion

Runny Nose

Post-Nasal Drip

Chronic Cough

Dry Throat/Mouth

**RESPIRATORY**

Asthma

Chronic Bronchitis

Emphysema

**VASCULAR / CARDIOVASCULAR**

Cholesterol

Stroke

Heart Pain

High Blood Pressure

Vascular Disease

**GASTROINTESTINAL**

Constipation

Diarrhea

**GENITOURINARY**

Genitals/Kidney/Bladder

**BONES / JOINTS / MUSCLES**

Arthritis (Rheumatoid)

Muscle Pain

Joint Pain

**ENDOCRINE / LYMPHATIC / HEMATOLOGIC**

Diabetes (Type 1/ Type 2)

Anemia

Bleeding Problems

Thyroid/Other Glands

**ALLERGIC / IMMUNOLOGIC**

**PREGNANT / NURSING**

**PSYCHIATRIC/DEPRESSION**

Lazy