Name:_____ **Date:** _____

Southern Montana Optometric Center
Health History Information

Reason for Visit: _____

Last Eye Exam: _____ Name / Location: _____

Name of Primary Care Physician/ Location: _____ Last Medical Exam: _____

Have you been diagnosed, treated for or experienced the following?

- ☐ Blurred Vision
- ☐ Burning
- ☐ Tearing
- ☐ Itchiness
- ☐ Double Vision
- ☐ Flashes
- ☐ Floater
- ☐ Glare
- ☐ Light Sensitivity
- ☐ Poor Night Vision
- ☐ Eye Pain
- ☐ Turned Eyes
- ☐ Lazy Eye
- ☐ Headaches
- ☐ Cataracts
- ☐ Glaucoma
- ☐ Macular Degeneration
- ☐ Retinal Detachment
- ☐ Iritis
- ☐ Blindness R or L eye

Family Medical History: if Yes –Mother's or Father side, sibling?

- ☐ Blindness • _____
- ☐ Cataracts • _____
- ☐ Corneal Issues • _____
- ☐ Diabetes type 1 • _____
- ☐ Diabetes type 2 • _____
- ☐ Glaucoma • _____
- ☐ Heart Disease • _____
- ☐ Macular Degen • _____
- ☐ Retinal Issue • _____
- ☐ Lazy Eye • _____

Current Medications:

_____

_____

_____

_____

Current Personal Medical History: *(Please check all that apply to you)*

Constitution
- ☐ Pregnant
- ☐ Nursing
- ☐ Cancer
- ☐ Chronic Fatigue
- ☐ Developmental Disabilities
- ☐ Other

Ear / Nose / Throat
- ☐ Hearing Loss
- ☐ Sinuses Issues
- ☐ Dry Mouth
- ☐ Other

Neurologic
- ☐ Migraine
- ☐ Epilepsy
- ☐ Alzheimer's
- ☐ Dementia
- ☐ Cerebral Palsy
- ☐ Tumor
- ☐ Stoke/ CVA
- ☐ Multiple Sclerosis
- ☐ Autism Spectrum
- ☐ Other

Psychiatric
- ☐ Depression
- ☐ ADD/ ADHD
- ☐ Anxiety
- ☐ Bipolar
- ☐ Other

Cardiovascular
- ☐ Heart Disease
- ☐ Stroke / CVA
- ☐ High Blood Pressure
- ☐ Congestive Heart Failure

Respiratory
- ☐ Smoker
- ☐ Asthma
- ☐ Bronchitis
- ☐ Emphysema
- ☐ COPD
- ☐ Sleep Apnea
- ☐ Other

Gastrointestinal
- ☐ Crohn's
- ☐ Ulcerative Colitis
- ☐ Ulcers
- ☐ Acid Reflux
- ☐ Celiac Disease
- ☐ Other

Genitourinary
- ☐ Kidney Disease
- ☐ Prostrate disease/cancer
- ☐ STD (herpes/ chlamydia)
- ☐ Other

Blood / Lymphatic
- ☐ Anemia
- ☐ High Cholesterol
- ☐ Leukemia

Musculoskeletal
- ☐ Fibromyalgia
- ☐ Arthritis
- ☐ Osteoarthritis
- ☐ Osteoporosis
- ☐ Gout
- ☐ Muscular Dystrophy
- ☐ Other

Integumentary (skin)
- ☐ Eczema
- ☐ Rosacea
- ☐ Psoriasis
- ☐ Cold Sores (simplex)
- ☐ Shingles (zoster)
- ☐ Other

Endocrine
- ☐ Diabetes –Type 1
- ☐ Diabetes – Type 2
- ☐ Thyroid Dysfunction
- ☐ Hormonal Issues
- ☐ Other

Allergic/ Immunological
- ☐ Environmental Allergies
- ☐ Lupus
- ☐ Rheumatoid Arteritis
- ☐ Sjogren's Syndrome
- ☐ HIV +
- ☐ Drug Allergies
- ☐ Other