Tulsa Retina Consultants

Name: _____ Birthdate: _____ Date: _____

Reason for today's visit?

_____

Medication List:

_____

_____

_____

_____

Eye Drops:

_____

Drug Allergies:

_____

Past Medical History: Please circle all that apply

Alzheimer's Heart Disease Diabetes Type I or II High Blood Pressure Liver Disease Thyroid Disease

AIDS/HIV Sleep Apnea Cardiovascular Disease Autoimmune Disease Stroke Cancer

Arthritis Anemia

Past Surgical History:

_____

_____

Family Medical History: Please circle all that apply AND which family member

Diabetes_____ Cancer_____ Stroke_____ Heart Disease_____

Glaucoma_____ Macular Degeneration_____ Retinal Disease_____

Cataracts_____ (Currently Pregnant y or n)

Social History

Smoker/Tobacco Use: Y or N If yes how often and type: _____

Alcohol Use: Y or N If yes how often? _____ Substance Abuse? Y or N

Married: Y or N Occupation: _____ Currently Driving? Y or N

Household living status: Lives Alone / Nursing Home / Lives with Family / Short term Nursing

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Name: _____ Birthdate: _____ Date: _____

Please circle all that apply: REVIEW OF SYSTEMS (Occurring in last 30 days)

Allergy/Immunology: Seasonal allergies/Autoimmune disease

Cardiovascular: Shortness of breath/chest pain/Irregular heart beat/swelling of feet/racing pulse

Constitutional: Fatigue/fever/night sweats/weight loss/chills/poor appetite

Endocrine: Cold intolerant/heat intolerant/excessive thirst/hair loss/ excessive urination

Gastrointestinal: Abdominal pain/bloody stools/constipation/diarrhea/nausea/stomach ulcers

Genitourinary: Burning on urination/Dialysis/Kidney failure/ Bladder trouble/Blood in urine

Hematology/Oncology: Easy bruising/Prolonged bleeding

HENT: Hearing loss/Sore throat/Runny nose/Dry mouth/ear ache

Integumentary: Mole changes/Rash/Skin sores/Skin cancer/loss of hair/severe itching

Musculoskeletal: Muscle aches/Joint pain/difficulty lying flat/Back pain

Neurological: Weakness/Headaches/Scalp tenderness/Dizziness/tremor/stroke

Psychiatric: Depression/Bipolar/ADHD

Respiratory: Wheezing/Cough/Coughing up blood/frequent colds/ Difficulty breathing