Patient General Health Form

NAME:_____ DATE OF BIRTH:_____

FAMILY PHYSICIAN:_____ CLINIC:_____

CHECK ALL THAT APPLY

OCULAR
- ☐ Cataracts
- ☐ Macular Degeneration/Dystrophy
- ☐ Glaucoma/Suspect
- ☐ Retinal Defect/Detachment
- ☐ Iritis/Uveitis
- ☐ Strabismus (Eye Turn)
- ☐ Amblyopia (Lazy Eye)
- ☐ Color Deficiency
- ☐ Eye Surgery
- ☐ Eye Injury

CONSTITUTIONAL
- ■ Developmental Disabilities
- ☐ Cancer
- ☐ Fatigue Syndrome

EARS/NOSE/THROAT
- ☐ Hearing Loss
- ☐ Sinusitis
- ☐ Dry Mouth
- ☐ Laryngitis

NEUROLOGICAL
- ☐ Multiple Sclerosis
- ☐ Epilepsy
- ☐ Cerebral Palsy
- ☐ Tumor
- ☐ Migraine
- ☐ Autism/Spectrum Disorder
- ☐ Concussion/TBI

SOCIAL
- ☐ Alcohol Use
- ☐ Tobacco Use

PSYCHIATRIC
- ☐ Depression
- ☐ Attention Deficit (ADD)
- ☐ Anxiety
- ☐ Bipolar

CARDIOVASCULAR
- ☐ Hypertension/Elev.Blood Pressure
- ☐ Stroke
- ☐ Heart Disease
- ☐ Vascular Disease
- ☐ Congestive Heart Failure

RESPIRATORY
- ☐ Cigarette Smoker
- ☐ Asthma
- ☐ Bronchitis
- ☐ Emphysema
- ☐ Chronic Obstruction (COPD)
- ☐ Sleep Apnea

GASTROINTESTINAL
- ☐ Crohn's
- ☐ Colitis
- ☐ Ulcer
- ☐ Acid Reflux
- ☐ Celiac Disease

GENITOURINARY
- ☐ Kidney Disease
- ☐ Prostate Disease/Cancer
- ☐ Herpes
- ☐ Chlamydia
- ☐ Pregnant
- ☐ Nursing

MUSCLE & JOINT
- ☐ Arthritis
- ☐ Osteoarthritis
- ☐ Fibromyalgia
- ☐ Muscular Dystrophy
- ☐ Ankylosing Spondylitis
- ☐ Osteoporosis
- ☐ Gout

INTEG/SKIN
- ☐ Eczema
- ☐ Rosacea
- ☐ Psoriasis
- ☐ Herpes Simplex/Cold Sores
- ☐ Herpes Zoster/Shingles

ENDOCRINE
- ☐ Type 2 Diabetes Mellitus
- ☐ Type 1 Diabetes Mellitus
- ☐ Thyroid Dysfunction
- ☐ Hormonal Dysfunction

HEMATOLOGIC/LYMPHATIC
- ☐ Anemia
- ☐ Large-Volume Blood Loss
- ☐ Ulcer
- ☐ Elevated Cholesterol

ALLERGY/IMMUNOLOGIC
- ☐ Medication Allergies
- ☐ Environmental Allergies
- ☐ Rheumatoid Arthritis
- ☐ Lupus
- ☐ Sjogren's Syndrome

MEDICATIONS (PRESCRIPTION & OVER THE COUNTER): _____

_____

ALLERGIES TO MEDICATIONS:_____

FAMILY HISTORY

	FATHER	MOTHER	BROTHER	SISTER	CHILD
Cancer	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐	☐
Hyperthyroid	☐	☐	☐	☐	☐
Hypothyroid	☐	☐	☐	☐	☐

	FATHER	MOTHER	BROTHER	SISTER	CHILD
Cataracts	☐	☐	☐	☐	☐
Macular Disease	☐	☐	☐	☐	☐
Glaucoma	☐	☐	☐	☐	☐
Eye Turn	☐	☐	☐	☐	☐
Lazy Eye	☐	☐	☐	☐	☐