



OSKALOOSA VISION CENTER INC

### REVIEW OF SYSTEMS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

#### CURRENT MEDICATIONS

Name _____	Reason _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

#### VITALS

Height: \_\_\_\_\_  
Weight: \_\_\_\_\_

### PAST, FAMILY & SOCIAL HISTORY

Have YOU had any of the following?

#### OCULAR

Glaucoma Y / N  
 Cataracts Y / N  
 Macular Degeneration Y / N  
 Diabetic Retinopathy Y / N  
 Cancer Y / N  
 Surgery \_\_\_\_\_

#### MEDICAL

High Blood Pressure Y / N  
 Diabetes Y / N  
 Date Diagnosed \_\_\_\_\_  
 Last Blood Sugar \_\_\_\_\_  
 H<sub>1c</sub> \_\_\_\_\_  
 Cholesterol Y / N  
 Other \_\_\_\_\_

Has any one in your FAMILY had any of the following?

#### OCULAR

Glaucoma Y / N  
 Cataracts Y / N  
 Macular Degeneration Y / N

#### MEDICAL

High Blood Pressure Y / N  
 Diabetes Y / N

Other \_\_\_\_\_

Are YOU currently?

Pregnant Y / N  
 Due Date \_\_\_\_\_  
 Nursing Y / N

**Allergic/Immunologic**

NONE

<u>Drug Allergy</u>	<u>Reaction</u>

- Environmental Allergy
- Rheumatoid Arthritis
- Lupus
- Other

Notes:

**Gastrointestinal**

NONE

- Crohn's
- Colitis
- Ulcer
- Digestive
- Other

Notes:

**Psychiatric**

NONE

- Depression
- Panic Disorder
- Schizophrenia
- Other

Notes:

**Endocrine**

NONE

- Non-insulin Dependent Diabetes
- Insulin Dependent Diabetes
- Thyroid Dysfunction
- Hormonal Dysfunction
- Other

Notes:

**Eyes**

NONE

- Glaucoma
- Cataracts
- Macular Degeneration
- Surgery
- Inflammatory Disorders
- Blurred Vision
- Double Vision
- Other

Notes:

**Neurological**

NONE

- Multiple Sclerosis
- Epilepsy
- Alzheimers
- Parkinsons
- Cerebrovascular
- Other

Notes:

**Ear, Nose, Mouth & Throat**

NONE

- Upper Respiratory Tract Infection
- Ear Ache
- Runny Nose
- Sore Throat
- Ringing-Tinitis
- Other

Notes:

**Integumentary**

NONE

- Eczema
- Rosacea
- Psoriasis
- Other

Notes:

**Musculoskeletal**

NONE

- Fibromyalgia
- Muscular Dystrophy
- Osteoarthritis
- Ankylosing Spondylitis
- Other

Notes:

**Constitutional**

NONE

- Developmental Disability
- Weight Loss
- Fever
- Fatigue
- Trauma
- Other

Notes:

**Hematologic/Lymphatic**

NONE

- Anemia
- Large Volume Blood Loss
- Leukemia
- Other

Notes:

**Cardiovascular**

NONE

- Heart Disease
- Hypertension
- Stroke
- Vascular Disease
- Other

Notes:

**Genitourinary**

NONE

- STD - viral herpetic, chlamydia
- Other

Notes:

**Respiratory**

NONE

**Smoking Status**

- Never
- Former
- Current Everyday
- Current Some Days
- Asthma
- Bronchitis
- Emphysema
- Other

Notes: