**REVIEW OF SYSTEMS AND PAST MEDICAL**

**Past Medical History**

General History (Diabetes, Thyroid, Graves)

Include: Infections, Head Trauma

Ocular History (Cataracts, Glaucoma, AMD)

Ocular Surgical History (Phaco, SLT, LASIK, PRK)

General Surgical History (Heart Bypass, Cosmetic)

**Past Family/Social History**

Family History of: (Cataracts, AMD, Glaucoma,

Cancer)

Smoking Status (never, former, current)

Alcohol Use (never, social, daily x how many)

Occupation (teacher, retired, construction)

**Review of Systems \*\* EYES, See Problem History\*\***

|  |  |
| --- | --- |
| General (overall health, fatigue, fever) |  |
| Integumentary (nails, changes in skin, hair loss) |  |
| Ears/Nose/Mouth/Throat (ear ringing, ear pain) |  |
| Respiratory (shortness of breath, coughing. |  |
| Cardiovascular (heart palpitations, chest pain) |  |
| Genitourinary (difficulty urinating, incontinence) |  |
| Gastrointestinal (nausea, heartburn, vomiting) |  |
| Musculoskele tal (joint pain, muscle pain. |  |
| Endocrine (thyroid, cold intolerance, Diabetes) |  |
| Hemato/Lymphatic (bleeding, bruising) |  |
| Allergies systemic (seasonal allergies) |  |
| Psychiatric (anxiety/Depression (new) |  |