Retina Center Of Pensacola

MEDICAL HISTORY QUESTIONAIRE

NAME_____ TODAY'S DATE_____

1. **THE MAIN REASON I MADE THIS APPOINTMENT IS:**

_____

_____

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2. **REVIEW OF SYSTEMS**

Do you have any problems in the following areas? If "**YES**," please explain.

Constitutional Symptoms	**YES**	**NO**	**EXPLANATION OF PROBLEM**
Fever	☐	☐	_____
Weight Loss	☐	☐	_____
Eyes			
Loss of Vision	☐	☐	_____
Blurred Vision	☐	☐	_____
Bending of Straight Lines	☐	☐	_____
Blind Spots	☐	☐	_____
Loss of Side Vision	☐	☐	_____
Floaters	☐	☐	_____
Flashes of Light	☐	☐	_____
Double Vision	☐	☐	_____
Red Eye	☐	☐	_____
Light Sensitivity	☐	☐	_____
Eye Pain or Soreness	☐	☐	_____
Ears, Nose, Mouth, Throat			
Sinus Congestion	☐	☐	_____
Dry Throat/Mouth	☐	☐	_____
Ulcers in or around Mouth	☐	☐	_____
Hearing Loss	☐	☐	_____
Cold sores	☐	☐	_____
Cardiovascular			
High blood pressure	☐	☐	_____
Circulation problems	☐	☐	_____
Cholesterol treatment	☐	☐	_____

2. Review of Systems (Continued)

*Do you have any problems in the following areas? If "**YES,**" please explain.*

Respiratory	**Yes**	**No**	
Asthma	☐	☐	_____
Emphysema	☐	☐	_____
Sleep apnea	☐	☐	_____
Smoked more than 20 years	☐	☐	_____
Genitourinary			
Genital Ulcers	☐	☐	_____
Blood in Urine	☐	☐	_____
Musculoskeletal			
Arthritis	☐	☐	_____
Jaw Pain when Chewing/Talking	☐	☐	_____
Ankle Swelling	☐	☐	_____
Integument			
Scalp Pain when Combing/Brushing	☐	☐	_____
Skin Rashes	☐	☐	_____
Tick Bites	☐	☐	_____
Loss of Skin Pigment	☐	☐	_____
Neurological			
Migraines	☐	☐	_____
Frequent Headaches	☐	☐	_____
Seizures	☐	☐	_____
Loss of Strength (Paralysis)	☐	☐	_____
Numbness in Hands or Feet	☐	☐	_____
Endocrine			
Growth (Mass) in Neck or Throat	☐	☐	_____
High blood sugars/diabetes	☐	☐	_____
Hematological/Lymphatics			
Swollen Glands	☐	☐	_____
Easy Bruising	☐	☐	_____
Problem with Bleeding	☐	☐	_____
Are you on a blood thinner?	☐	☐	_____
History of blood clot	☐	☐	_____

Any other issues going on elsewhere in your body, even if they seem unlikely to be related to your eyes?

☐ ☐ _____

Patient's Signature_____ Date: _____

Aref Rifai, M.D._____ Date: _____