Clark|Tait EYE CENTER
Keeping You In Focus

Today's Date: _____

Patient Name: _____ Date of Birth: _____

Primary Care Physician: _____ Phone: _____

REVIEW OF SYSTEMS

EYES	Yes	No
Previous Surgery	☐	☐
Contact Lens	☐	☐
Pain	☐	☐
Double Vision	☐	☐
Glaucoma	☐	☐
Cataracts	☐	☐
Macular Degeneration	☐	☐
Dry Eyes	☐	☐
Flashes/ Floaters	☐	☐
Glare/ Halos	☐	☐
Droopy Eyelids	☐	☐
Blurry Vision	☐	☐

EAR, NOSE, THROAT		
Hard of Hearing	☐	☐
Ringing in Ears	☐	☐
Vertigo	☐	☐

CARDIOVASCULAR		
Chest Pain	☐	☐
Dizziness	☐	☐
Fainting Spells	☐	☐
Shortness of Breath	☐	☐
Irregular Heart Beat	☐	☐
Difficulty Lying Flat	☐	☐
Hypertension	☐	☐

CONSTITUTIONAL		
Fatigue/Weakness	☐	☐
Fever	☐	☐
Weight Gain/Loss	☐	☐

RESPIRATORY		
Cough	☐	☐
Congestion	☐	☐
Wheezing	☐	☐
Asthma	☐	☐

GASTROINTESTINAL	Yes	No
Heartburn	☐	☐
Nausea/Vomiting	☐	☐
Jaundice/Hepatitis	☐	☐

GENITO-URINARY		
Pain/Difficulty	☐	☐
Blood in Urine	☐	☐
History of Kidney Stone	☐	☐
History of STD's	☐	☐

PSYCHIATRIC		
Anxiety/Depression	☐	☐
Mood Swings	☐	☐
Difficulty Sleeping	☐	☐

ENDOCRINE		
Increased Hunger	☐	☐
Increased Urination	☐	☐
Increased Sweating	☐	☐
Fingernail Changes	☐	☐
Thyroid Disease	☐	☐

BLOOD/LYMPHNODES		
Easy Bruising	☐	☐
Gums Bleed Easily	☐	☐
Prolonged Bleeding	☐	☐
Heavy Aspirin Use	☐	☐
Diabetic	☐	☐

MUSCULOSKELETAL		
Stiffness	☐	☐
Arthritis	☐	☐
Joint Pain/Swelling	☐	☐

SKIN		
Rash/Sores	☐	☐
Lesions	☐	☐
Hives/ Eczema	☐	☐

NEUROLOGICAL	Yes	No
Seizures	☐	☐
Weakness/Paralysis	☐	☐
Numbness	☐	☐
Tremors	☐	☐

IMMUNOLOGICAL		
Hives	☐	☐
Itching	☐	☐
Runny Nose	☐	☐
Sinus Pressure	☐	☐
Seasonal Allergies	☐	☐

Allergies	Yes	No
Are you allergic to anything?	☐	☐

If Yes Please list below:

_____
_____
_____
_____
_____
_____
_____
_____

SOCIAL HISTORY

	Yes	No
Alcohol Use	☐	☐
If Yes, How Much _____		
Current Smoker	☐	☐
Drug Use	☐	☐

LIST ALL MEDICATIONS YOU CURRENTLY TAKE

NAME	DOSAGE	TIMES/DAY

LIST ALL ILLNESSES AND INJURIES

_____

_____

_____

_____

_____

LIST ALL SURGERIES YOU HAVE HAD

_____

_____

_____

_____

_____

FAMILY HISTORY	*RELATION*	*LIVING/DECEASED*	*APPROX AGE*
ARTHRITIS			
BLINDNESS			
CANCER			
CATARACTS			
DIABETES			
GLAUCOMA			
HEART DISEASE			
HIGH BLOOD PRESSURE			
KIDNEY DISEASE			
LAZY EYE (STRABISMUS)			
MACULAR DEGENERATION			
RETINAL DISEASE			
STROKE			
TUBERCULOSIS			