Social History

Do you drive? ❒ no ❒ yes   If yes, do you have difficulty when driving? ❒ no ❒ yes   If yes, please describe:

____

Do you use tobacco products? ❒ no ❒ yes   If yes, type/amount/how long: ____________________

Do you drink alcohol? ❒ no ❒ yes   If yes, occasionally, moderately, frequently

Vocation (What do you do) ____

Hobbies ____

Sports or Outdoor Activities ____

Review of Systems

Constitutional None____
- ❒ Development Disability
- ❒ Weight Loss/Gain
- ❒ Fever
- ❒ Fatigue
- ❒ Cancer

Ear, Nose, Mouth, Throat None____
- ❒ Upper Respiratory Tract Infection
- ❒ Sinus Congestion
- ❒ Dry Throat/Mouth

Vascular/Cardiovascular None____
- ❒ Heart Disease
- ❒ High Cholesterol
- ❒ High Blood Pressure (Hypertension)
- ❒ Stroke

Respiratory None____
- ❒ Asthma
- ❒ Bronchitis
- ❒ Emphysema

Integumentary (Skin) None____
- ❒ Eczema
- ❒ Rosacea

Neurological None____
- ❒ MS (Multiple Sclerosis)
- ❒ Headaches
- ❒ Migraines
- ❒ Seizures

Eyes None____
- ❒ Muscle Surgery
- ❒ Glaucoma
- ❒ Cataracts
- ❒ Macular Degeneration
- ❒ Loss of Vision
- ❒ Distorted Vision/Halos
- ❒ Loss of Side Vision
- ❒ Double Vision
- ❒ Dryness
- ❒ Mucous Discharge
- ❒ Redness
- ❒ Sandy or Gritty Feeling
- ❒ Itching
- ❒ Burning
- ❒ Foreign Body Sensation
- ❒ Excess Tearing/Watering
- ❒ Glare/Light Sensitivity
- ❒ Eye Pain or Soreness
- ❒ Chronic Infection of Eye or Lid
- ❒ Sties or Chalazion
- ❒ Flashes/Floaters in Vision
- ❒ Tired Eyes

Endocrine None____
- ❒ Thyroid / Other Glands
- ❒ Diabetes - insulin dependent
- ❒ Diabetes - non-insulin dependent

Gastrointestinal None____
- ❒ Cro h n ' s
- ❒ Colitis
- ❒ Ulcer

Genitourinary None____
- ❒ Urinary Tract Infections
- ❒ Kidney Ailments

Bones/Joints/Muscles None____
- ❒ Rheumatoid Arthritis
- ❒ Muscle Pain
- ❒ Joint Pain
- ❒ Muscular Dystrophy

Lymphatic/Hematologic None____
- ❒ Anemia
- ❒ Bleeding Problems

Allergic/Immunologic None____
- ❒ Lupus
- ❒ Hay Fever
- ❒ ______________________
- ❒ ______________________
- ❒ ______________________

Psychiatric None____
- ❒ ______________________
- ❒ ______________________