

PATIENT NAME: _____

DATE: _____

**MEDICAL HISTORY FORM – RED EYE/INJURY/OFFICE VISITIS
(when Medical Insurance Billed)**

Reason for your visit today: _____

(Medical insurance will only cover if there is a medical reason for the exam such as loss of vision, double vision, headaches, eye redness, eye pain, eye itching or burning, eye discharge, watery eyes, dry eyes, sandy or gritty eyes, light sensitivity, chronic eye infections, halos in vision, glaucoma, cataracts, floaters, light flashes.....please indicate in the line above any signs or symptoms you are experiencing.)

History of present illness: (HPI) – please circle the appropriate response

Location	Which eye has the problem?	Right eye – Left eye – Both eyes
Quality	Does the problem cause vision loss or blur?	Loss – Blur
Severity	How severe is the problem or pain?	Mild – Moderate – Severe
Duration	How long or often does the problem last?	Intermittent – Constant
Timing	How long has the problem been occurring?	Short term – Long term
Context	Did the problem occur suddenly or gradually?	Sudden – Gradual
	Does anything tried help the problem?	Nothing helps – Nothing tried
Modifying factors	Where do you notice the problem?	Distance – Near – Both
Associated symptoms	Are there any associated symptoms?	None – Headache – Nausea

Review of Systems: (ROS) – do you have a problem with please circle any positive answers

Constitutional symptoms	Recent fever/chills/fatigue – Recent weight loss/gain
Ears, Nose, Mouth, Throat	Sinus problems – Earache – Dry mouth – Sore Throat – Nasal congestion
Cardiovascular	Chest pain – High Blood Pressure – Vascular disease – Cholesterol problem – Increased heart rate
Respiratory	Asthma – Shortness of breath – Emphysema – Lung problem - Cough
Gastrointestinal	Diarrhea – Constipation – Ulcers – Reflux – Vomiting - Nausea
Genitourinary	Kidney problems – Bladder problems – STD – Painful/Frequent urination
Musculoskeletal	Arthritis – Rheumatoid Arthritis – Muscle pain – Joint pain - Back pain
Integumentary	Hair/Skin/Nail problems – Breast cancer – Skin cancer
Neurological	Headaches – Migraines – Seizures – Memory loss – Gait disturbance
Psychiatric	Nervous disorders – Depression – Anxiety – Panic disorder
Endocrine	Diabetes – Hypoglycemia – Thyroid problems – Excessive thirst
Hematologic/Lymphatic	Anemia – Abnormal bleeding – Swollen glands – Enlarged lymph nodes
Allergic/Immunologic	Seasonal/Food Allergies – Medicine allergies – Immune disorders