

**VALLEY EYE ASSOCIATES**  
**MEDICAL HISTORY QUESTIONNAIRE**

(PLEASE PRINT)

Patient's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ City: \_\_\_\_\_

**Medical History: (Please check CURRENT problem areas)**

**Constitution**

- Appetite Changes
- Pain
- Fatigue
- Weight gain or loss
- Other \_\_\_\_\_

**Musculoskeletal**

- Arthritis
- Fibromyalgia
- Tendonitis
- Bursitis
- Other \_\_\_\_\_

**Respiratory**

- Asthma
- COPD
- Sleep Apnea
- Shortness of Breath
- Other \_\_\_\_\_

**Gastrointestinal**

- Acid reflux
- Nausea
- Bowel problems
- Other \_\_\_\_\_

**Ear, Nose, & Throat**

- Chronic Sinusitis
- Ear Pain
- Hard of Hearing
- Other \_\_\_\_\_

**Psychiatric**

- Depression
- Anxiety
- Alzheimer's
- Other \_\_\_\_\_

**Neurological**

- Bell's Palsy
- Migraines
- Stroke
- TIA
- Headaches
- Other \_\_\_\_\_

**Endocrine**

- Diabetes – insulin dep.
- Diabetes – non-insulin dep.
- Hyperthyroidism
- Hypothyroidism
- Other \_\_\_\_\_

**Allergic/Immunological**

- Seasonal Allergies
- Lupus
- Rheumatoid Arthritis
- HIV
- Leukemia
- Other \_\_\_\_\_

**Skin**

- Rashes/Dermatitis
- Rosacea
- Eczema
- Other \_\_\_\_\_

**Cardiovascular**

- Heart Disease
- Hypertension
- Atrial fibrillation
- Other \_\_\_\_\_

**Hematologic/Lymphatic**

- Anemia
- Lymphoma
- Cancer
- Other \_\_\_\_\_

**Genitourinary**

- Bladder Infections
- Dialysis
- UTI
- Kidney stones
- Other \_\_\_\_\_

**Eyes**

- Blurry Near Vision
- Blurry Far Vision
- Itchy
- Watery
- Other \_\_\_\_\_

**Eyes (continued)**

- Cataracts
- Glaucoma
- Macular degeneration
- Grave's disease
- Other \_\_\_\_\_

(Continued on back page)

**Surgical History: (Please list any major medical surgeries or injuries)**

Date	Procedure	Surgeon

**Family History: (Please circle all that apply)**

Mother:	Blindness	Diabetes	Cancer	Cataracts	Glaucoma	Macular Degeneration
Father:	Blindness	Diabetes	Cancer	Cataracts	Glaucoma	Macular Degeneration
Brother:	Blindness	Diabetes	Cancer	Cataracts	Glaucoma	Macular Degeneration
Sister:	Blindness	Diabetes	Cancer	Cataracts	Glaucoma	Macular Degeneration
M Grandmother:	Blindness	Diabetes	Cancer	Cataracts	Glaucoma	Macular Degeneration
M Grandfather:	Blindness	Diabetes	Cancer	Cataracts	Glaucoma	Macular Degeneration
P Grandmother:	Blindness	Diabetes	Cancer	Cataracts	Glaucoma	Macular Degeneration
P Grandfather:	Blindness	Diabetes	Cancer	Cataracts	Glaucoma	Macular Degeneration

**Pharmacy:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Medication List: (Please include dosage with prescriptions, over-the-counter, and vitamins)**


**Allergy List: (Please include allergies to medications)**


**Social History:**

Smoking status:     Never     Current (some/every day)     Former (Quit Date: \_\_\_\_\_)  
Smokeless tobacco:  Never     Current (some/every day)     Former (Quit Date: \_\_\_\_\_)

Women:                     Not Pregnant                     Pregnant \_\_\_\_\_ weeks