Step 3 Family/Social History

Family History

Please note any family member with the following:
M-mother F-father S-sister B-brother GM-grandmother GF-grandfather

		Yes	No			Yes	No
Blindness	___	☐	☐	Retinal disease	___	☐	☐
Cataracts	___	☐	☐	Cancer	___	☐	☐
Glaucoma	___	☐	☐	Diabetes	___	☐	☐
Lazy eye	___	☐	☐	Hypertension	___	☐	☐
Macular Degen.	___	☐	☐				

Social History

Health Habits:

	Yes	No
Tobacco:	☐	☐
Quantity: ______________		
Alcohol:	☐	☐
Quantity: ______________		
Drugs :	☐	☐
Quantity: ______________		

Hobbies/Interests:

- Computers: ☐
- Fishing: ☐
- Golfing: ☐
- Hunting: ☐
- Music: ☐
- Reading: ☐

Step 4 Review of Systems

Check the symptoms and/or conditions you currently have or have had in the past:

EYES (☐ **None)**
- ☐ **Cataracts**
- ☐ **Cataract surgery**
- ☐ **Glaucoma**
- ☐ **LASIK surgery / RK**
- ☐ **Lazy eye / Eye turn**
- ☐ **Macular degeneration**
- ☐ **Retinal detachment**
- ☐ **Uveitis**
- ☐ Blurred vision
- ☐ Burning
- ☐ Double / Distorted vision
- ☐ Dryness
- ☐ Excess tearing
- ☐ Flashes / Floaters
- ☐ Glare / Light sensitivity
- ☐ Itching
- ☐ Loss of vision
- ☐ Stye / Chalazion

CARDIOVASCULAR (☐ **None)**
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Heart disease
- ☐ Stroke

CANCER (☐ **None)**
- ☐ ____________________

CONSTITUTIONAL (☐ **None)**
- ☐ Fever
- ☐ Fatigue

ENDOCRINE (☐ **None)**
- ☐ Diabetes (Year Diagnosed: ________)
- ☐ Thyroid abnormalities

REPRODUCTIVE (☐ **None)**
- ☐ Pregnant / Nursing mother

GASTROINTESTINAL (☐ **None)**
- ☐ Colitis
- ☐ Crohn's disease
- ☐ Gallstones
- ☐ Hepatitis / Liver disease
- ☐ Ulcers

GENITOURINARY (☐ **None)**
- ☐ Chlamydia
- ☐ Gonorrhea
- ☐ Kidney disease

EAR/NOSE/THROAT (☐ **None)**
- ☐ Allergies
- ☐ Chronic cough
- ☐ Sinusitis

HEMATOLOGIC/LYMPHATIC (☐ **None)**
- ☐ Anemia
- ☐ Bleeding disorders

IMMUNOLOGIC (☐ **None)**
- ☐ HIV Positive / AIDS
- ☐ Herpes Simplex
- ☐ Herpes Zoster (Shingles)
- ☐ Sarcoidosis

INTEGUMENTARY (☐ **None)**
- ☐ Lupus
- ☐ Psoriasis
- ☐ Acne Rosacea

MUSCULOSKELETAL (☐ **None)**
- ☐ Adult Arthritis
- ☐ Rheumatoid Arthritis
- ☐ Ankylosing spondylitis
- ☐ Osteoporosis

NEUROLOGIC (☐ **None)**
- ☐ Bell's Palsy
- ☐ Epilepsy / Seizures
- ☐ Headaches / Migraines
- ☐ Multiple Sclerosis

PSYCHIATRIC (☐ **None)**
- ☐ ADD / ADHD
- ☐ Anxiety Disorder
- ☐ Depression

RESPIRATORY (☐ **None)**
- ☐ COPD
- ☐ Asthma
- ☐ Chronic bronchitis
- ☐ Tuberculosis

OTHER: ______________________________________