

# Do you have any of the following?

EYES	√
Decreased Vision	
Blind spots in vision	
Double/multiple images	
Floating objects	
Flashing lights	
Poor color vision	
Light sensitivity	
Itchy eyes	
Dry & scratchy eyes	
Eye pressure	
Eye pain	
Eye mattering/discharge	
Excessive tearing	
Eye surgeries	
Eye injuries	
Eye Strain	
Headaches	
Blurred vision	

CONSTITUTIONAL	√
Fevers/ chills	
Weight loss/ gain	
Nausea/ vomiting	
Sinus problems	
Hearing loss	
Joint pain/swelling	
Hypertension	
<b>DERMATOLOGICAL</b>	
Skin rash/ dry skin	
<b>CARDIOVASCULAR</b>	
High Blood Pressure	
Heart Disease/Heart attack	
<b>ENDOCRINE</b>	
Diabetes	
Thyroid	
<b>RESPIRATORY</b>	
Lung disease	
Asthma	

FAMILY HISTORY	√	FAMILY MEMBER
Diabetes		
Macular Degeneration		
Cataracts		
Glaucoma		
Blindness		
Other		

**Other:** \_\_\_\_\_

**Current Medications:** (Include eye-drops, prescription, over-the-counter, and dietary supplements)

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**Allergies to Medications:** \_\_\_\_\_

**ALCOHOL PER DAY:** \_\_\_\_\_

**CIGARETTES PER DAY:** \_\_\_\_\_