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Carson City, NV 89703
(775) 882-9123 Phone
(775) 882-6030 Fax

THE MINDEN VILLAGE
1673 Lucerne Street, Ste. B
Minden, NV 89423
Phone (775) 782-5523
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CENTER FOR ADVANCED EYE CARE
Medical History Questionnaire

Name: _____ Birth Date: _____ Last Eye Exam: _____

REVIEW OF SYSTEMS:
Do you currently have or have you ever had any problems in the following areas? If "yes", please provide information.

Constitutional Symptoms *(fever, weight gain or loss, etc.)* YES NO _____

Ear, Nose, Throat (sinus problems, etc.) YES NO _____

Respiratory (lungs, breathing, etc.) YES NO _____

Cardiovascular (blood pressure, arteries, heart, etc.) YES NO _____

Gastrointestinal (stomach, intestines, etc.) YES NO _____

Genitourinary (genitals, kidney, bladder, etc.) YES NO _____

Musculoskeletal (bones, muscle, joint, etc.) YES NO _____

Integumentary (skin, breast, etc. YES NO _____

Neurological (headaches, migraine, etc.) YES NO _____

Psychiatric (anxiety, stress, etc.) YES NO _____

Endocrine (diabetes, thyroid, etc.) YES NO _____

Hematologic (blood, cholesterol, etc.) YES NO _____

Lymphatic (lymph nodes, glands, etc. YES NO _____

Allergic/Immunologic (seasonal allergies, etc.) YES NO _____

Ophthalmic:

Vision Loss _____ Double Vision _____ Crossed Eyes _____ Lazy Eye _____ Drooping Eyelid _____

Glaucoma _____ Cataracts _____ Prominent Eye _____ Other Eye Problems or Surgery _____

PAST HISTORY:

ALLERGIC REACTION to Medication: _____

_____

List Any Medications You Take: _____

_____

List All Major Illnesses, Injuries and Surgeries: _____

_____