

# ROCKWALL EYE ASSOCIATES

2380 S. Goliad St., Suite 100  
 Rockwall, TX 75032  
 Phone: 972-771-2020 | Fax: 972-722-4858

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Optometrist: \_\_\_\_\_ Family Physician: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

|   |   |
|---|---|
| <b>What is the reason for your visit?</b><br>Example: Glaucoma, Cataracts |   |
| <b>Have you had Eye Surgery?</b><br>Example: Cataract, Laser              |   |
| <b>Do you use Eye Drops?</b>  | No _____ Yes _____ If Yes, What do you use? |

### Medical History:

|  |   |
|--|---|
| <b>Medical problems</b><br>Circle all that apply                       | Diabetes    Arthritis    Hepatitis    High Blood Pressure<br>Liver disease    Coronary artery disease    Cardiac arrhythmia<br>Stroke    Shingles    Asthma    Emphysema    Thyroid disease<br>Cancer<br>If cancer, location:<br>Other: |
| <b>Surgeries – Please list all</b><br>Example<br>(Tonsillectomy, 1958) | _____<br>_____<br>_____<br>_____  |
| <b>Medications</b><br>Example:<br>(Lipitor 40 mg once daily)           | _____<br>_____<br>_____<br>_____<br>_____   |
| <b>Allergies</b><br>Example: (Penicillin–rash)                         | _____<br>_____  |

### Family History:

|                       |  |
|-----------------------|--|
| Circle all that apply | Glaucoma    Macular Degeneration    Lazy Eye |
|-----------------------|--|

### Social History:

|              |                       |           |
|--------------|-----------------------|-----------|
| Tobacco use  | Yes    No    Formerly | Quantity: |
| Alcohol use  | Yes    No    Formerly | Quantity: |
| Caffeine use | Yes    No             | Quantity: |
| Occupation   |                       |           |

# ROCKWALL EYE ASSOCIATES

2380 S. Goliad St., Suite 100  
 Rockwall, TX 75032  
 Phone: 972-771-2020 | Fax: 972-722-4858

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Height: \_\_\_\_\_ ft \_\_\_\_\_ in    Weight: \_\_\_\_\_

### Review of Systems - Circle any that you are experiencing

|         |   |
|---------|---|
| General | Fatigue, fever, night sweats, weakness, weight gain/loss  |
| HEENT   | Bulging eyes, hearing loss, hoarseness, lump in neck, nasal congestion, sinus problems, sore throat, ringing in ears, dizziness                       |
| Resp    | Asthma, cough, shortness of breath, shortness of breath on exertion, coughing up blood, wheezing  |
| Heart   | Irregular heart rate, calf pain, chest pressure or discomfort, palpitations, leg swelling, heart racing   |
| GI      | Abdominal pain, black stools, constipation, change in appetite, diarrhea, trouble swallowing, food intolerance, heartburn, jaundice, nausea, vomiting |
| GU      | Pain or discomfort on urinating, blood in urine, irregular periods, genital lesions, urgency in urination   |
| Endo    | Cold/Heat intolerance, excessive thirst / hunger, excessive urination   |
| Neuro   | Balance problems, dizziness, weakness, gait problems, headaches, memory difficulty, numbness  |
| Psych   | Depression, emotional changes, euphoria, frequent nightmares, hallucinations, insomnia, irritability, nervousness, stress                             |
| Skin    | Abnormal hair distribution, dry skin, hives, itching, nail changes, rash, skin changes, skin lesions, skin nodules, skin sores, ulcers                |
| MS      | Joint pain, back pain, fractures, joint swelling, joint stiffness, muscle cramping, muscle weakness   |
| Lymph   | Bleeding, bruising, enlarged / tender lymph nodes   |

### Eye symptoms – Circle any that you are experiencing

|           |                   |         |
|-----------|-------------------|---------|
| Burning   | Light sensitivity | Tearing |
| Dryness   | Redness           | Glare   |
| Discharge | Foreign body      | Pain    |

**Anything else we need to know:**