

Kueber Eye Care Medical History

Mark All That Apply

Constitution

- Developmental Disability
- Cancer
- Fatigue Syndrome
- Other

Ear Nose Throat

- Hearing Loss
- Sinusitis
- Dry Mouth
- Laryngitis
- Other

Neurological

- Multiple Sclerosis
- Epilepsy
- Cerebral Palsy
- Tumor
- Migraine
- Autism Spectrum Disorder
- Other

Psychological

- Depression
- Attention Deficit
- Anxiety Disorder
- Bipolar Disorder
- Other

Cardiovascular

- Hypertension
(High Blood Pressure)
- Stroke/CVA
- Heart Disease
- Vascular Disease
- Congestive Heart Failure
- Other

Respiratory

- Cigarette Smoker
- Asthma
- Bronchitis
- Emphysema
- Chronic Obstruction
- Sleep Apnea
- Other

Gastrointestinal

- Crohn's
- Colitis
- Ulcer
- Acid Reflux
- Celiac Disease
- Other

Genitourinary

- Kidney Disease
- Prostate Disease
- STD
- Benign Prostate
- Hypertrophy
- Pregnant
- Nursing
- Other

Musculoskeletal

- Arthritis
- Osteoarthritis
- Fibromyalgia
- Muscular Dystrophy
- Ankylosing Spondylitis
- Osteoporosis
- Gout
- Other

Integumentary

- Eczema
- Rosacea
- Psoriasis
- Herpes Simplex
(Cold Sore)
- Herpes Zoster
(Shingles)
- Other

Endocrine

- Type 2 Diabetes
- Type 1 Diabetes
- Thyroid Dysfunction
- Hormonal Dysfunction
- Other

Hematologic/Lymphatic

- Anemia
- Large Volume Blood Loss
- Hypercholesteremia
(High Cholesterol)
- Other

Allergic/Immune

- Drug Allergies
- Environmental Allergies
- Food Allergies
- Rheumatoid Arthritis
- Lupus
- Sjogren's Syndrome
- HIV/Aids
- Other

Eye Health

- Cataracts
- Macular Degeneration
- Glaucoma
- Any injury to eye

Kueber Eye Care Medical History

Reason for today's visit _____

Date of Last Eye Exam: (if not here) _____ Dr. _____

Gender Assigned at Birth: Male or Female

Gender Identity: Male Female Other: _____ Choose not to disclose

Preferred Pharmacy _____

Primary Care Physician _____

Best phone number to reach you: _____

Email address: _____

Preferred method of contact? Call Text Email

PERSONAL HISTORY

- Currently Taking Medication
- Previous EYE Surgery
- Problems Driving at Night
- Interested/Wearing Contacts
- Color Deficient
- Headaches
- Eyes Feel Tired When Reading
- Double Vision When Reading

IMMEDIATE FAMILY HISTORY

Parents, siblings, or children. Blood relation.

- Cancer
- Diabetes
- Hypertension
- Hyperthyroidism
- Hypothyroidism
- Cataract
- Macular Degeneration
- Glaucoma
- Unknown—if adopted

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