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PLEASE COMPLETE THE BACK OF THIS FORM

DO YOU HAVE ANY OF THE FOLLOWING PROBLEMS?

EARS/NOSE/THROAT	EYES	NEUROLOGIC
<input type="checkbox"/> HEADACHES <input type="checkbox"/> HEARING LOSS <input type="checkbox"/> RINGING IN EARS <input type="checkbox"/> NOSEBLEEDS <input type="checkbox"/> RUNNY NOSE <input type="checkbox"/> SINUS PROBLEMS <input type="checkbox"/> BLEEDING GUMS <input type="checkbox"/> PAIN IN EARS <input type="checkbox"/> PAIN IN NOSE <input type="checkbox"/> PAIN IN THROAT <input type="checkbox"/> CHANGE IN TASTE <input type="checkbox"/> MOUTH SORES <input type="checkbox"/> DRY MOUTH <input type="checkbox"/> NONE	<input type="checkbox"/> VISION LOSS <input type="checkbox"/> BLURRED VISION <input type="checkbox"/> DISTORTED VISION <input type="checkbox"/> DOUBLE VISION <input type="checkbox"/> FLOATERS <input type="checkbox"/> LIGHT FLASHES <input type="checkbox"/> OTHER VISION CHANGES <input type="checkbox"/> TEARING <input type="checkbox"/> DRY EYES <input type="checkbox"/> LIGHT SENSITIVITY <input type="checkbox"/> DROOPY EYELID <input type="checkbox"/> REDNESS <input type="checkbox"/> DRAINAGE OR MUCOUS <input type="checkbox"/> ITCHING <input type="checkbox"/> PAIN OR DISCOMFORT <input type="checkbox"/> NONE	<input type="checkbox"/> DIZZINESS <input type="checkbox"/> NUMBNESS <input type="checkbox"/> TINGLING OR BURNING <input type="checkbox"/> MEMORY LOSS <input type="checkbox"/> KNOCKED OUT <input type="checkbox"/> SUDDEN VISION LOSS <input type="checkbox"/> TROUBLE WALKING <input type="checkbox"/> DISORIENTATION <input type="checkbox"/> NONE

FAMILY AND SOCIAL HISTORY

DO OR DID ANY OF YOUR BLOOD RELATIVES (LIVING OR DEAD) HAVE ANY OF THE FOLLOWING?

- YES NO AMBLYOPIA
- YES NO PROBLEMS WITH ANESTHESIA
- YES NO ARTHRITIS
- YES NO BLINDNESS
- YES NO CROSSED OR WANDERING EYE
- YES NO DIABETES
- YES NO EYE CANCER
- YES NO GLAUCOMA
- YES NO GENETIC PROBLEMS
- YES NO HEART DISEASE
- YES NO HIGH BLOOD PRESSURE
- YES NO CATARACTS IN CHILDHOOD
- YES NO KIDNEY DISEASE
- YES NO LUPUS
- YES NO NEUROLOGICAL PROBLEMS
- YES NO EARLY DEATH
- YES NO RETINAL PROBLEMS
- YES NO STROKE
- YES NO THYROID PROBLEMS

OFFICE USE ONLY

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