



1404 MAIN STREET • CONWAY, SC 29526 | TEL: (843)488-1100 FAX: (843)488-7701  
 9400 FRONTAGE ROAD • MURRELLS INLET, SC 29576 | TEL: (843)650-0425 FAX: (843)654-1744  
 SOUTHCAROLINARETINA.COM

## MEDICAL HISTORY QUESTIONNAIRE

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Do you have any allergies to any medications? No \_\_\_ Yes \_\_\_

If yes, please explain: \_\_\_\_\_

List any medications you take (including over the counter and home remedies): \_\_\_\_\_

List all major injuries, surgeries, and/or hospitalizations you have had: \_\_\_\_\_

CONDITIONS	CIRCLE ALL THAT APPLY TO YOU	NONE
<b>GENERAL</b>	fever, heat stroke, weight loss, weight gain, fatigue, insomnia, headaches	
<b>EARS, NOSE, THROAT</b>	hearing loss, earache, cough, dry mouth, sinus, hoarseness, vertigo	
<b>CARDIOVASCULAR</b>	high blood pressure, heart attack, chest pain, congestive heart failure, racing pulse, high cholesterol, irregular heartbeat, palpitations, pacemaker	
<b>RESPIRATORY</b>	Congestion, wheezing, short of breath, asthma, COPD, emphysema, TB exposure	
<b>GASTROINTESTINAL</b>	Stomach upset, diarrhea, constipation, hernia, ulcers, nausea, GERD	
<b>GENITOURINARY</b>	painful/frequent urination, impotence, yellow jaundice, kidney stones, blood in urine	
<b>FEMALES</b>	Are you pregnant? Are you breastfeeding?	
<b>MUSCULOSKELETAL</b>	joint pain, stiffness, swelling, cramps, fibromyalgia, rheumatoid arthritis, lupus, osteoporosis	
<b>NEUROLOGICAL</b>	numbness, headache, seizures, paralysis, stroke, dementia, memory loss, Alzheimer's, Parkinson's	
<b>PSYCHIATRIC</b>	anxiety, depression	
<b>ENDOCRINE</b>	diabetes, hypothyroid, hyperthyroid, hormone, increased thirst, Graves' disease, thyroid eye disease	
<b>HEMATOLOGY</b>	bleeding, anemia, blood clots, blood transfusions	
<b>ALLERGIC/IMMUNOLOGIC</b>	sinus, sneezing, swelling, redness, itching, hives, lupus, HIV, herpes simplex virus, Sjogren's Syndrome, rheumatoid arthritis	
<b>CANCER</b>	breast, prostate, lung, skin, colon, other: _____	
<b>EYES</b>	cataract, glaucoma, detached retina, blindness, lazy eye, eye injury/trauma, corneal problems, macular degeneration	



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## FAMILY HISTORY

DISEASE/CONDITION	FAMILY MEMBER	DISEASE/CONDITION	FAMILY MEMBER
LAZY EYE	Mother / Father / Sibling / Grandparent	HEART DISEASE	Mother / Father / Sibling / Grandparent
MACULAR DEGENERATION	Mother / Father / Sibling / Grandparent	HYPERTENSION	Mother / Father / Sibling / Grandparent
BLINDNESS	Mother / Father / Sibling / Grandparent	STROKE	Mother / Father / Sibling / Grandparent
RETINAL DISORDERS	Mother / Father / Sibling / Grandparent	THYROID DISEASE	Mother / Father / Sibling / Grandparent
CATARACTS	Mother / Father / Sibling / Grandparent	ARTHRITIS	Mother / Father / Sibling / Grandparent
GLAUCOMA	Mother / Father / Sibling / Grandparent	CANCER	Mother / Father / Sibling / Grandparent
DIABETES	Mother / Father / Sibling / Grandparent	TYPE OF CANCER	Mother / Father / Sibling / Grandparent

## SOCIAL HISTORY

Do you drive? No \_\_\_ Yes \_\_\_

If yes, do you have visual difficulty when driving? No \_\_\_ Yes \_\_\_

If yes, please explain: \_\_\_\_\_

Do you use tobacco products? No \_\_\_ Yes \_\_\_

If yes, type/amount/how long: \_\_\_\_\_

Do you drink alcohol? No \_\_\_ Yes \_\_\_

If yes, type/amount/how long: \_\_\_\_\_

Do you use illegal drugs? No \_\_\_ Yes \_\_\_

If yes, type/amount/how long: \_\_\_\_\_

Have you ever been exposed to or infected with: Gonorrhea \_\_\_ Syphilis \_\_\_ HIV \_\_\_ Hepatitis \_\_\_