

1960 EYE SURGEONS, P.A.

13300 Hargrave, Suite 300

Houston, Texas 77070

281-890-1784

NAME _____ **DATE** _____

HISTORY WORKSHEET

COMPLAINT

Please state reason for today's visit-

SYMPTOMS

Eye Pain	Tearing	Recent Change in Vision	Eyelid Crusting
Discharge	Double Vision	Blurred Vision	Shadows
Redness	Glare-Light Sensitivity	Halos	Flashes
Difficult Reading	Eye Injury	Eyelid Swelling	Floater

PATIENT UPDATE

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell/Alt. # _____

*Check preferred phone number to call

Policyholder's Name _____

Insurance Carrier _____

Address _____

Group # _____ ID# _____

Guarantor Name _____ SS# _____

MEDICAL INFO UPDATE

Since your last visit here-Have you been diagnosed with any of the following:

Arthritis Asthma Cancer Diabetes Heart Problem High Blood Pressure Thyroid Disease

Current Medications _____

Allergies to Meds _____

REVIEW OF SYSTEMS

	YES	NO	EXPLAIN
Chronic fever, unexpected weight loss/gain, fatigue	_____	_____	_____
Ear/nose/throat problems (e.g. hearing loss, sinus problem, sore throat)	_____	_____	_____
Heart problems (e.g. chest pain, irregular heart beat)	_____	_____	_____
Respiratory problems (e.g. shortness of breath, wheezing, coughing)	_____	_____	_____
Gastrointestinal problems (e.g. heartburn, abdominal pain, diarrhea, vomiting)	_____	_____	_____
Urinary problems (e.g. pain or discomfort, blood in urine)	_____	_____	_____
Skin problems (e.g. rashes, excessive dryness)	_____	_____	_____
Musculoskeletal problems (e.g. muscle aches, joint pain, swollen joints)	_____	_____	_____
Neurologic problems (e.g. numbness, weakness, headache, paralysis)	_____	_____	_____
Psychiatric problems (e.g. depression, anxiety)	_____	_____	_____