SPECS Eye Care Medical History

Name of Patient_____ Today's Date_____

Please check any problems you have currently or have been diagnosed with in the past:

☐Age-related macular degeneration
☐Glaucoma
☐Diabetes; last A1C:_____; doctor who treats:_____
☐Diabetic Retinopathy
☐Dry Eyes
☐Eye Infection
☐Floaters/Flashes of light
☐Iritis/Uveitis
☐Retinal defects (tears, detachments)
☐Eye Surgery: Type_____
☐Amblyopia/Patching
☐Keratoconus
☐Injury to Eyes
☐Nystagmus

Do you have any other concerns with your eyes or vision?_____
_____

Do you currently wear? ☐Glasses or ☐Contact Lenses: please list the brand (if known)_____
How often do you sleep in your contact lenses?_____How often do you replace them?_____

Review of Systems (please check any that apply):

Constitutional
☐developmental delays/disabilities
☐cancer
☐fever

Ears/Nose/Throat
☐Hearing loss
☐Allergies/sinusitis

Neurological
☐Multiple Sclerosis
☐Seizures
☐Cerebral Palsy
☐Tumor
☐Stroke
☐Headaches/Migraines

Psychiatric
☐Depression/Anxiety
☐Attention deficit disorder

Cardiovascular
☐High Blood pressure
☐Heart disease

Respiratory
☐Asthma
☐Emphysema/COPD
☐Sleep Apnea

Gastrointestinal
☐Crohn's
☐Acid reflux

Genitourinary
☐Kidney disease
☐Prostate
☐STD
☐Pregnant/Nursing

Musculoskeletal
☐Arthritis
☐Fibromyalgia

Integumentary
☐Rosacea
☐Psoriasis
☐Cold Sores/Shingles

Endocrine
☐Diabetes: Type 1 or Type 2
☐Thyroid

Hematologic/Lymphatic
☐Anemia
☐High cholesterol

Allergy/Immunology
☐Drug allergy:_____
☐Environmental Allergy
☐Rheumatoid arthritis
☐Lupus
☐Sjogren's Syndrome

Please list any other medical conditions:_____

Please list any current medications (with dosage if known):_____
_____

Social History

Do you smoke or use tobacco? ☐ No ☐ Yes: How much/often? _____Do you drink alcholol? ☐ No ☐ Yes: How much/often? _____

Family History

Does anyone in your immediate family (parents, grandparents, siblings, children) have any of the following medical conditions? (please **check** all that apply and **list who** next to the condition)

☐Cataracts
☐Macular Degeneration
☐Glaucoma
☐Retinal detachment
☐Lazy Eye
☐Diabetic Retinopathy
☐Cancer
☐Diabetes
☐High Blood Pressure
☐Thyroid disease
☐Heart disease