



★ REVIEW OF HEALTH SYSTEMS ★

WALLA WALLA

★ Have you had or do you have any of the following?

- Glaucoma: [ ] Yes [ ] No
Cataracts: [ ] Yes [ ] No
Dry Eyes: [ ] Yes [ ] No
Other eye problems: [ ] Yes [ ] No
Drug Allergies: [ ] Yes [ ] No
Have you had any eye operations? [ ] Yes [ ] No
Have you had an eye injury? [ ] Yes [ ] No
Have you had a retinal detachment? [ ] Yes [ ] No
Your current Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lb
Name of family doctor: \_\_\_\_\_

Please describe any problems with the following health systems:

★ GASTROINTESTINAL [ ] No Problem

- [ ] Ulcer [ ] Colitis [ ] Heartburn [ ] Diarrhea [ ] Other: Explain to tech

★ EARS/NOSE/THROAT [ ] No Problem

- [ ] Upper Respiratory Infection [ ] Sinusitis [ ] Chronic colds [ ] Other: Explain to tech

★ GENITOURINARY [ ] No Problem

- [ ] STD [ ] Bladder Infection [ ] Blood in Urine [ ] Other: Explain to tech

★ RESPIRATORY [ ] No Problem

- [ ] Asthma [ ] Bronchitis [ ] Emphysema [ ] Wheezing [ ] Coughing [ ] Other: Explain to tech

★ BLOOD / LYMPH [ ] No Problem

- [ ] Anemia [ ] Leukemia [ ] Other: Explain to tech

★ NEUROLOGICAL [ ] No Problem

- [ ] Epilepsy [ ] Multiple Sclerosis [ ] Headaches [ ] Numbness [ ] Other: Explain to tech

★ CONSTITUTIONAL [ ] No Problem

- [ ] Fever [ ] Weight Loss [ ] Fatigue [ ] Developmental Disability [ ] Trauma [ ] Other: Explain to tech

★ MUSCULOSKELETAL [ ] No Problem

- [ ] Muscular Dystrophy [ ] Osteoarthritis [ ] Joint Pain [ ] Muscle Aches [ ] Other: Explain to tech

★ INTEGUMENTARY (SKIN) [ ] No Problem

- [ ] Psoriasis [ ] Eczema [ ] Rashes [ ] Acne [ ] Cancer [ ] Excessive Dryness [ ] Other: Explain to tech

★ ENDOCRINE (GLANDS) [ ] No Problem

- [ ] Thyroid Dysfunction [ ] Hormonal Dysfunction [ ] Type 1 Diabetes [ ] Type 2 Diabetes

★ PSYCHIATRIC (MENTAL) [ ] No Problem

- [ ] Depression [ ] Bipolar [ ] ADD/ADHD [ ] Other: Explain to tech

★ CARDIOVASCULAR [ ] No Problem

- [ ] High Blood Pressure [ ] Heart Disease [ ] Vascular Disease [ ] Stroke [ ] High Cholesterol
[ ] Chest Pain [ ] Irregular Heart Beat [ ] Other: Explain to tech

★ ALLERGIC/IMMUNE [ ] No Problem

- [ ] Allergies: \_\_\_\_\_ [ ] Lupus [ ] HIV [ ] Rheumatoid Arthritis

I verify to the best of my knowledge that the above information is correct and up-to-date.

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
Patient signature Date