EYE M.D. MONTEREY
Committed to the Health of Your Eyes

880 Cass St. / Suite 105
Monterey, CA 93940
P: 831.373.0183 / **F:** 831.373.2275

21 Upper Ragsdale Dr. / Suite 201
Monterey, CA 93940
P: 831.324.4730 / **F:** 831.886.3366

Patient Name:_____ Date of Birth_____ Today's Date:_____

REVIEW OF SYSTEMS

Please indicate if any of the following apply to your current health:

Constitutional

- Fever ☐
- Fatigue ☐
- Weight Loss ☐
- Chills ☐

Note:_____
_____

FEMALES:

Pregnant/nursing? ☐
Note:_____
_____

Allergic / Immunologic

- Hives ☐
- Hay fever ☐
- Eczema ☐

Other: _____
_____

Endocrine

- Diabetes ☐
- Thyroid ☐
- Cholesterol ☐
- Heat/Cold intolerance ☐

Note:_____
_____

Ear, Nose, Throat

- Sore throat ☐
- Sinus trouble ☐
- Stuffy nose ☐
- Hearing loss ☐

Note:_____
_____

Psychiatric

- Anxiety ☐
- Mood swings ☐
- Depression ☐
- Difficulty Sleeping ☐

Note:_____
_____

Neurological

- Headaches ☐
- Memory Loss ☐
- Paralysis ☐
- Loss of strength ☐
- Numbness ☐

Note:_____
_____

Musculoskeletal

- Back Pain ☐
- Joint pain/Swelling ☐
- Stiffness ☐
- Muscle pain ☐

Note:_____
_____

Hematology/Lymph

- Anemia ☐
- Bruising easily ☐
- Enlarged Glands ☐
- Gums bleeding easily ☐

Note:_____
_____

Genitourinary

- Frequent urination ☐
- Blood in urine ☐
- Painful urination ☐
- Abnormal discharge ☐
- Bladder leakage ☐

Note:_____
_____

Gastrointestinal

- Constipation ☐
- Heartburn/reflux ☐
- Diarrhea ☐
- Nausea/vomiting ☐
- Cramping ☐
- Abdominal pain ☐

Note:_____
_____

Cardiovascular

- Chest Pain ☐
- Dizziness ☐
- High BP ☐
- Shortness of Breath ☐
- Palpitations ☐

Note:_____
_____

Skin

- Rash ☐
- Sores ☐
- Lesions ☐
- Itching/Burning ☐

Note:_____
_____

Respiratory

- Cough ☐
- Congestion ☐
- Wheezing ☐
- Shortness of breath ☐

Note:_____
_____

CURRENT MEDICATIONS AND ALLERGIES

Drug	Dosage	Prescribed By	Bad Reaction?

Allergy	Reaction	Notes