



Dr. R. Dean Gurley
Optometric Physician

Dr. Matthew Jones
Optometric Physician



Date _____ Name _____ DOB _____

Please check below any of the following medical or visual conditions pertain to you:

Constitutional

Fever, Weight Loss/Gain

Vascular/Cardiovascular

- Heart Disease
- Vascular Disease
- Stroke

Endocrine

- Thyroid Dysfunction
- Hormonal Dysfunction

Respiratory

- Asthma
- Bronchitis
- Emphysema

Hematological/Lymphatic

- Anemia
- Leukemia

Cancer

Musculoskeletal

- Fibromyalgia
- Rheumatoid Arthritis
- Joint Pain
- Lupus

Ear/Nose/Mouth/Throat

- Dry Throat/Dry Mouth
- Sinus Problems

Gastrointestinal

- Diarrhea
- Constipation
- Heartburn

Integumentary

- Eczema
- Rosacea

Allergic/Immunological

- Environmental Allergy
- Seasonal allergy

Eyes

- Loss of Vision
- Blurred Vision
- Loss of Side Vision
- Double Vision
- Trauma
- Dryness
- Redness
- Burning
- Itching

Neurological

- Headache
- Migraine
- Multiple Sclerosis

Psychiatric

- Depression

Genitourinary

- STD

Medications - List all medicines you are presently taking:

List any allergy to medicines below:

Self & Family History - Check below if you or someone in your family has had any of the following:

	Self	Family	Relationship
Diabetes	<input type="radio"/>	<input type="radio"/>	_____
High Blood Pressure	<input type="radio"/>	<input type="radio"/>	_____
Glaucoma	<input type="radio"/>	<input type="radio"/>	_____
Blindness	<input type="radio"/>	<input type="radio"/>	_____
Macular Degeneration	<input type="radio"/>	<input type="radio"/>	_____
Cataracts	<input type="radio"/>	<input type="radio"/>	_____
Retinal Detachment	<input type="radio"/>	<input type="radio"/>	_____
Other Eye Disease	<input type="radio"/>	<input type="radio"/>	_____

- Do you use tobacco products? YES NO
If yes, amount/often? _____
- Do you use drink alcohol? YES NO
If yes, amount/often? _____
- Do you use other drugs? YES NO
If yes, type/amount/often? _____

IF THERE IS OTHER PERTINENT INFORMATION NOT ASKED ABOVE,
PLEASE INFORM THE DOCTOR OR ASSISTANT. THANK YOU.

THIS AND ANY MEDICAL INFORMATION FOR THIS PATIENT SHOULD BY KEPT CONFIDENTIAL IN COMPLIANCE WITH STATE AND FEDERAL HIPPA LAWS