MOLACEK family eyecare

Patients Name:_____ Date:_____

HEALTH HISTORY

Medical Physician's Name:_____ Date of last medical visit:_____

Please place a check on the line to indicate if you or a blood relative has had any of the following health conditions.

	You	Family
Cardiovascular Disease	___	___
Congestive Heart Disease	___	___
Elevated Cholesterol	___	___
Heart Murmur	___	___
Heart Palpitations	___	___
High Blood Pressure	___	___
Crohn's Disease	___	___
Diabetes	___	___
Thyroid Disorder	___	___
Acid-Reflex Syndrome	___	___
Alcoholism	___	___
Cancer: Colon	___	___
Cancer: Liver	___	___
Hepatitis	___	___
Kidney Stones	___	___
Prostate Cancer	___	___
Uterine Cancer	___	___
Anemia	___	___
Breast Carcinoma	___	___
Hodgkins Disease	___	___
Leukemia	___	___
Lymphatic Cancer	___	___

	You	Family
Aids	___	___
HIV Positive	___	___
Lyme Disease	___	___
Rheumatic Fever	___	___
Sjogren's Syndrome	___	___
Tuberculosis	___	___
Acne Rosacea	___	___
Lupus	___	___
Ocular Rosacea	___	___
Raynaud's Disease	___	___
Arthritis	___	___
Muscular Dystrophy	___	___
Osteoporosis	___	___
Scoliosis	___	___
Bell's Palsy	___	___
Brain Damage	___	___
Brain Tumor	___	___
Cerebral Palsy	___	___
Dyslexia	___	___
Epilepsy	___	___
Headaches(Migraine)	___	___
Multiple Sclerosis	___	___
Parkinson's Disease	___	___
Seizure Disorder	___	___

	You	Family
Anxiety Disorder	___	___
Autism	___	___
Bi-Polar Disorder	___	___
Dementia	___	___
Depression	___	___
Learning Disability	___	___
Schizophrenia	___	___
Asthma	___	___
exercise enduced	___	___
Cancer: Lung	___	___
COPD	___	___
Emphysema	___	___
Lung Disease	___	___
Cataracts	___	___
Glaucoma	___	___
Macular Deg.	___	___
Lazy /Turned Eye	___	___
Poor Color Vision	___	___
Retinopathy	___	___
Eye Surgery	___	___

Type: _____Date:_____

Other Health Conditions Not Listed Above:

_____

_____

Tobacco use ___Yes (__Cigarette or __E-Cigarette or __Smokeless) ___No
Are you pregnant? ___ Number of Children ___
Alcohol use ___ Social ___1-2 per Day ___ Above Avg. ___ Dependent ___ None

MEDICATIONS	ALLERGIES
_____	_____
_____	_____
_____	_____
_____	_____