Michael Diffendall, OD
Johanna Letts, OD
Barry Weiner, OD

JACKSONVILLE eye care

Review of Systems

General Health cancer y / n type: _____ pregnant / nursing y / n
headache y / n weight loss / gain y / n
trauma y / n height _____
weight _____
other _____

Ear/Nose/Throat none □ **Gastrointestininal** none □
other _____ other _____
Neurological none □ **Musclo-Skeletal** none □
other _____ other _____
Psychological none □ **Integ/Skin** none □
other _____ other _____
Cardiovascular none □ **Endocrine** none □
other _____ other _____
Respiratory none □ **Hematologic/Lymphatic** none □
other _____ other _____
Genito/Urinary none □ **Allergic / Immune** none □
other _____ other _____

Comments: _____

Medication List: none □ _____

Medication Allergies: none □ _____

Other Allergies: none □ _____ latex allergy: y / n

Ocular History none □ _____

Social History alcohol use: y / n tobacco use: y / n smoking: y / n
Hobbies: _____
Computer use: _____ Monitor dist: _____

Family Medical History (parent / sibling /child)
none □
cancer _____
diabetes _____
hypertension _____
thyroid _____
other _____

Family Ocular History (parent / sibling / child)
none □
cataract _____
macular degeneration _____
glaucoma _____
retinal detachment _____
other _____

Primary Care Physician: office: Dr. Name:
address:
phone #:

Patient Signature: Date:

Michael Diffendall, OD
Johanna Letts, OD
Barry Weiner, OD

Doctor Reviewed:

JACKSONVILLE eye care

Date: