

Hartzell Eye Specialists, LLC

featuring *Optical Allusions*

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David Leigh Hartzell, MD
Ophthalmologist

Patient Name: _____ DOB: _____ Acct No. _____

REVIEW OF SYSTEMS

	Current Problems?		Date of Change
	Yes	No	
Constitutional (fever, weight loss/gain)	Yes	No	_____
Ear, Nose, Throat (sinus, hearing loss)	Yes	No	_____
Cardiovascular (heart, circulation)	Yes	No	_____
Gastrointestinal (heartburn, ulcers, diarrhea)	Yes	No	_____
Respiratory (coughing, shortness of breath)	Yes	No	_____
Urinary (blood in urine, prostate, kidney)	Yes	No	_____
Musculoskeletal (swollen or painful joints)	Yes	No	_____
Integumentary (skin and breast)	Yes	No	_____
Neurological (headaches, stroke, MS, weakness)	Yes	No	_____
Psychiatric (depression, anxiety)	Yes	No	_____
Endocrine (diabetes, thyroid)	Yes	No	_____
Hematologic/Lymphatic (blood, anemia)	Yes	No	_____
Allergic/Immunologic (hay fever, lupus)	Yes	No	_____

EYE HISTORY

Previous eye problems, injuries, or diseases: _____

SOCIAL HISTORY

Do you drive?	Yes	No	
Do you smoke?	Yes	No	If yes, how much? _____ # packs _____ # years
Do you drink alcohol?	Yes	No	If yes, how much? _____ (daily, weekly)
Do you use recreational drugs?	Yes	No	

Patient's Signature _____ Date _____

REVIEWED (Initial and Date)

_____	_____	_____	_____
_____	_____	_____	_____