MEDICAL HISTORY

JOSERAULMONTES

Patient Name: _____ What is the reason for your visit? _____

MARK WITH AN X IF THE PATIENT HAS OR HAS HAD ANY OF THE FOLLOWING SYMPTOMS IN THE EYES:

- ____ Abnormal eye movements
- ____ Abnormalities in the shape of the eyes
- ____ Bright lights or floaters
- ____ Bulging eyes
- ____ Crossed eyes, misaligned, strabismus
- ____ Double vision
- ____ Dry eyes
- ____ Excessive lacrimation
- ____ Eye pain
- ____ Eyelids do not close completely
- ____ Fallen eyelids
- ____ Frequent secretions
- ____ Itching, foreign body sensation, burning
- ____ Loss of color vision
- ____ Loss of night vision
- ____ Loss of vision or blurred vision
- ____ Red eyes
- ____ Sensitivity to light
- ____ White pupils

MARK WITH AN X IF THE PATIENT HAS HAD ANY OF THE FOLLOWING PROBLEMS OR TREATMENTS IN THE EYES:

- ____ Blind from birth
- ____ Cataract
- ____ Contact Lenses: Since when?
- ____ Examination by an eye specialist
- ____ Eyeglasses: Since when?
- ____ Glaucoma
- ____ Hereditary eye diseases
- ____ Patch therapy
- ____ Retina diseases
- ____ Surgery in the eye muscles
- ____ Other eye surgeries

MARK WITH AN X IF THE PATIENT SUFFERS FROM ANY OF THESE DISEASES OR SYMPTOMS. SINCE WHEN?

- ____ Cancer
- ____ Cerebral Palsy
- ____ Changes in behavior
- ____ Convulsions, epilepsy
- ____ Delayed in development
- ____ Depression
- ____ Diabetes mellitus
- ____ Dizziness
- ____ Headaches
- ____ Heart disease
- ____ **Herpes episodes**
- ____ Hereditary Diseases
- ____ Hypertension
- ____ Kidney disease
- ____ Infections from skin inflammation
- ____ Lung diseases, asthma
- ____ Mental disorders
- ____ Metabolic diseases
- ____ Nausea or frequent vomits
- ____ Neurological diseases
- ____ Paralysis
- ____ Rheumatologic diseases, arthritis
- ____ Serious infections
- ____ Sinuses
- ____ Skin disease
- ____ Stroke
- ____ Thyroid disease
- ____ None of these
- ____ Other diseases or symptoms

PREVIOUS SURGERIES OR HOSPITALIZATIONS: ☐ No Yes ☐

MARK WITH AN X IF YOU ARE CURRENTLY UTILIZING ANY OF THESE MEDICINES:

- ____ ***Aspirin***: Acuprin81, Bayer, Bufferin, Easprin, Ecotrin, Empirin, Halfrin, Norwich ASppirin St. Joseph Aspirin, Zorprin
- ____ ***Ibuprofen***: Advil, Advil Allergy Sinus, Advil Cold, Advil Cold and Sinus, Advil Migraine, Cap Profen, Children's Advil Allergy Sinus, Children's Elixsure, Children's Motrin Cold, Excedrin IB, Genpril, Ibuprin, Ibuprohm Cold and Sinus, Ibu-Tab 200, Liqui-gels, Medpren, Midol 200, Midol IB, Motrin, Motrin IB, Motrin Migraine Pain, Nuprin, Pamprin Ib, Pediacare Fever, Pediaprofen, Profen, Rufen, Saleto 200, and 400, Sine-zAid Ib, Tab Profen, Trendar, and Uni-Pro
- ____ ***Ketrofen***: Actron, Ketofren, and Orudis KT
- ____ ***Naproxen***: Alece, Anaprox, Anaprox DS, EC-Naproxyn, Napreland, and Naprosyn
- ____ ***Vitamin Supplements***: Vitamin A, Vitamin E
- ____ ***Natural Supplements***: Arnica, Bromelain, Dong Quai, Feverfew, Garlic, Ginkgo, Ginger, Ginseng, Licorice, Omega 3 fatty acids and saw palmetto

ALLERGIES TO MEDICINES OR FOOD:

MEDICATIONS USED BY THE PATIENT AT HOME:

HABITS:

Use of alcoholic beverages ☐ Yes ☐ No
Use of cigarette ☐ Yes ☐ No
Use of drugs ☐ Yes ☐ No

Important: A patient who is currently in treatment with ACCUTANE, will not be able to receive any type of laser treatment until after six (6) months after completion of the treatment. ACCUTANE is a medication used for the treatment of severe acne. Moreover, the patients in the treatment of ACCUTANE are advised to avoid the use of hot waxing systems or to submit to any procedure of skin treatment, such as dermabrasion or laser treatment.

Patient's Signature: _____ Date: _____