2019 DAVID A. EWING-CHOW, MD, PLLC
Medical Questionnaire

Name:	**Date of Birth:**	**Date:**
Please check the box below next to the medical conditions or symptoms you have:		**Last Eye Exam:**

Systemic/General:
- ☐ Chills
- ☐ Excessive Sweating
- ☐ Feeling Poorly
- ☐ Excessive Thirst
- ☐ Fever
- ☐ Weight Gain
- ☐ Weight Loss

Head/Eye:
- ☐ Eye Pain
- ☐ Headache
- ☐ Hearing Loss
- ☐ Eyesight Problems
- ☐ Sinus Pressure
- ☐ Facial Spasms
- ☐ Eye Tearing
- ☐ Eye Redness
- ☐ Low Vision

Cardiovascular:
- ☐ Palpitations
- ☐ Skipped Beats
- ☐ Chest Pain
- ☐ Fast Heart Rate
- ☐ Slow Heart Rate
- ☐ High Blood Pressure

Pulmonary:
- ☐ Cough
- ☐ Wheezing
- ☐ Shortness of Breath
- ☐ Asthma
- ☐ Congestion

Nose/Mouth/Throat:
- ☐ Mouth Sores
- ☐ Mouth Dryness
- ☐ Throat Pain
- ☐ Nosebleeds
- ☐ Swelling Near Eyes
- ☐ Swelling Near Nose
- ☐ Nasal Discharge
- ☐ Earache
- ☐ Stuffy Nose

Gastrointestinal:
- ☐ Abdominal Pain
- ☐ Difficult to Swallow
- ☐ Diarrhea
- ☐ Heartburn
- ☐ Nausea
- ☐ Vomiting
- ☐ Ulcers
- ☐ Hernia
- ☐ Constipation

Psychological:
- ☐ Anxiety
- ☐ Depression
- ☐ Fainting
- ☐ Tremor
- ☐ Insomnia
- ☐ PTSD

Musculoskeletal:
- ☐ Joint Pain
- ☐ Decrease in Strength
- ☐ Back Pain
- ☐ Stiffness
- ☐ Arthritis
- ☐ Muscle Cramps

Neurological:
- ☐ Convulsions
- ☐ Confused/Disoriented
- ☐ Motor Disturbances
- ☐ Sensory Disturbances
- ☐ Double Vision
- ☐ Dizziness
- ☐ Seizures
- ☐ Paralysis
- ☐ Numbness
- ☐ Headaches

Endocrine:
- ☐ Diabetes
- ☐ Hypothyroid
- ☐ Low Testosterone
- ☐ Graves Disease
- ☐ Menopause

Hematologic/Lymph:
- ☐ Easy Bruising
- ☐ Swollen Glands/Neck
- ☐ Easy Bleeding
- ☐ High Cholesterol
- ☐ Anemia
- ☐ Blood Transfusion

Skin (Integumentary):
- ☐ Skin Lesions
- ☐ Rashes
- ☐ Jaundice
- ☐ Dry Skin
- ☐ Warts
- ☐ Growths
- ☐ Pimples

Genitourinary:
- ☐ Blood in Urine
- ☐ Painful Urination
- ☐ Frequent Urination

Please circle the family member next to any disease that applies to them:

Disease/Condition	**Family Member**	**Disease/Condition**	**Family Member**
Arthritis	Mother Father Sister Brother Daughter Son	Hypertension	Mother Father Sister Brother Daughter Son
Blindness	Mother Father Sister Brother Daughter Son	Lazy Eye	Mother Father Sister Brother Daughter Son
Cancer	Mother Father Sister Brother Daughter Son	Macular Degeneration	Mother Father Sister Brother Daughter Son
Cataract	Mother Father Sister Brother Daughter Son	Multiple Sclerosis	Mother Father Sister Brother Daughter Son
Diabetes	Mother Father Sister Brother Daughter Son	Stroke	Mother Father Sister Brother Daughter Son
Glaucoma	Mother Father Sister Brother Daughter Son	Thyroid Disease	Mother Father Sister Brother Daughter Son
Heart Disease	Mother Father Sister Brother Daughter Son		

PATIENT/GUARDIAN SIGNATURE:	**Date:**
Provider Signature:	**Date:**