

Patient Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Family Health History**

\_\_\_ No Family Health History Known

**Family Ocular History**

Macular Degeneration	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Retinal Detachment	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Glaucoma	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Diabetic Retinopathy	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Cataract(s)	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Strabismus	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Amblyopia	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Blindness	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Retinoblastoma	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Retinitis Pigmentosa	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Crossed Eyes	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Fuchs Dystrophy	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Melanoma of the eye	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History

**Family Health History**

Alzheimer's	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Anemia	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Arthritis	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Asthma	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Cancer	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Diabetes	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Emphysema	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Gout	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Heart Attack	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
High Blood Pressure	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
High Cholesterol	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Kidney Disease	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Lupus	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Multiple Sclerosis	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Seizures	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Stroke	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Sickle Cell	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Thyroid Disease	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History
Vascular Disease	___ Mother	___ Father	___ Sibling	___ Grandparent	___ Family History