Ralph B. Hester, MD

BOARD-CERTIFIED OPHTHALMOLOGIST

DATE: _______________ **Primary Care/Referring Physician** ____

NAME: ____ **DOB:** _______________________

<u>Check</u> any of the following health problems that you <u>currently</u> have.

Immunological:
- ☐ HIV positive
- ☐ AIDS
- ☐ Auto-Immune disease (Lupus, Rheumatoid arthritis, Sjogren's)
- ☐ None

Constitutional:
- ☐ Chronic fever
- ☐ Unexpected weight loss or weight gain
- ☐ Fatigue
- ☐ None

Gastrointestinal:
- ☐ Heartburn
- ☐ Diarrhea
- ☐ Constipation
- ☐ GERD
- ☐ None

Hematologic/Lymphatic:
- ☐ Anemia
- ☐ Bruise easily
- ☐ Bleeding tendency
- ☐ Frequent infections
- ☐ None

Neurological:
- ☐ Vertigo/dizziness
- ☐ Numbness/tingling
- ☐ Weakness
- ☐ Headaches
- ☐ Paralysis
- ☐ None

Ear, Nose, and Throat:
- ☐ Hearing Loss
- ☐ Ringing in ear
- ☐ Sinus problems
- ☐ Problems swallowing
- ☐ None

Endocrine:
- ☐ Thyroid problems
- ☐ Diabetes
- ☐ None

Cardiovascular:
- ☐ High Blood Pressure
- ☐ Heart Attack
- ☐ Irregular heartbeat
- ☐ Murmurs
- ☐ High cholesterol
- ☐ None

Musculoskeletal:
- ☐ Muscle aches
- ☐ Joint pain
- ☐ Back pain
- ☐ Joint swelling
- ☐ Gout
- ☐ None

Psychological:
- ☐ Depression
- ☐ Anxiety
- ☐ Emotional disturbance
- ☐ Drug problems
- ☐ None

3500 NW 56th St # 101 Oklahoma City, OK 73112 Phone: 405.271.9500

Lungs and Respiratory:
- ☐ Chronic cough
- ☐ Shortness of breathing
- ☐ Wheezing
- ☐ Asthma
- ☐ COPD
- ☐ None

Skin and Breast:
- ☐ Excessive dryness
- ☐ Skin cancer
- ☐ Rashes
- ☐ Bruising
- ☐ Tenderness
- ☐ None

Genitourinary:
- ☐ Kidney stones
- ☐ Prostate cancer
- ☐ Increased frequency
- ☐ Pain
- ☐ Blood in urine
- ☐ None

Social History:

Do you use any tobacco products:
- ☐ Yes, How much __________
- ☐ No

Do you drink:
- ☐ Yes, How much __________
- ☐ No

Family History:

	Father	Mother	Bro	Sis	GrandM.	GrandF.
Cataract						
Macular Degeneration						
Cancer						
Diabetes						
HBP						
Glaucoma						

3500 NW 56th St # 101 Oklahoma City, OK 73112 Phone: 405.271.9500

Have you been diagnosed with, or being treated for any of the following conditions?

	☐ High Blood pressure ☐ Osteo-Arthritis ☐ Rheumatoid Arthritis ☐ Heart Disease ☐ Asthma ☐ COPD ☐ Emphysema		☐ Stroke ☐ Cancer ☐ Seizure ☐ Thyroid Disease ☐ Renal Failure ☐ Kidney Stones ☐ High Cholesterol		☐ Migraine Headache ☐ Lupus Multiple Sclerosis ☐ Gout ☐ Gerd ☐ Cataract ☐ Glaucoma		☐ Macular Degeneration ☐ Diabetic Eye Disease ☐ Dry Eye ☐ Lazy Eye ☐ Double Vision ☐ Eye Trauma ☐ Retinal Detachment

Diabetes:

1. What was your last A1C? _________
2. What does your BS average?
3. Is your BS stable (circle one)
   A. Stable
   B. Fluctuate greatly
   C. Out of control

List any Food or Drug allergies:

____
____
____
____
____
____

Have you ever had any of the following surgeries?

	☐ Appendectomy ☐ Hysterectomy ☐ Tonsillectomy ☐ Gall Bladder ☐ Hernia Repair ☐ Thyroidectomy ☐ Ovary Removed		☐ Tubal Ligation ☐ Vasectomy ☐ Hemorrhoidectomy ☐ Heart Bypass ☐ Heart Stent ☐ Mastectomy ☐ Breast Biopsy		☐ Skin Cancer Removal ☐ Prostatectomy ☐ Knee Surgery ☐ Back Surgery ☐ Neck Surgery ☐ Rotator Cuff Repair ☐ Hip Replacement		☐ Carpal Tunnel ☐ C-Section ☐ Cataract Surgery ☐ Glaucoma Surgery ☐ Eye Lasers ☐ Eye Injections

Ralph B. Hester, MD

BOARD-CERTIFIED OPHTHALMOLOGIST

List all Eye Medications:

1.________________________________

2.________________________________

3.________________________________

4.________________________________

Other Surgery or Medical condition not listed above:

____

____

____

____

3500 NW 56th St # 101 Oklahoma City, OK 73112 Phone: 405.271.9500