Review of Systems – Optometry

Patient Name:

Date:

Eyes / Vision
- None (check if no symptoms)
- Blurry vision
- Double vision
- Eye pain
- Redness
- Dryness
- Tearing
- Itching
- Light sensitivity
- Flashes/floaters
- Vision loss
- Eye strain

Neurological
- None (check if no symptoms)
- Headaches
- Migraines
- Dizziness
- Fainting
- Weakness
- Numbness/tingling
- Seizures
- Visual disturbances

Cardiovascular
- None (check if no symptoms)
- High blood pressure
- Chest pain
- Palpitations
- Leg swelling

Respiratory
- None (check if no symptoms)
- Shortness of breath
- Chronic cough
- Wheezing

Gastrointestinal
- None (check if no symptoms)
- Nausea
- Vomiting
- Abdominal pain
- Diarrhea
- Constipation

ENT
- None (check if no symptoms)
- Sinus congestion
- Allergies
- Nosebleeds
- Sore throat
- Ear pain/pressure

Endocrine
- None (check if no symptoms)
- Diabetes
- Thyroid disease
- Heat/cold intolerance
- Excessive thirst/urination

Hematologic
- None (check if no symptoms)
- Easy bruising
- Bleeding
- Swollen lymph nodes

Allergic / Immune
- None (check if no symptoms)
- Seasonal allergies
- Frequent infections
- Autoimmune disease

Musculoskeletal
- None (check if no symptoms)
- Joint pain
- Muscle aches
- Back pain
- Stiffness

Psychiatric
- None (check if no symptoms)
- Anxiety
- Depression
- Sleep problems

Eye History
- None (check if no symptoms)
- Glasses
- Contact lenses
- Eye injury
- Eye surgery
- Family history

Comments: