

Medical Review of Body Systems

(required for medical evaluation and by all insurance companies)

Please review these details and circle yes if this pertains to you. These questions are important for Dr. Chandler and often change from year to year, so please compete even if you have done so before.

HAVE YOU:

had unexpected weight loss or gain recently?	yes	ever been diagnosed with Alzheimer's disease?	yes
had excessive hunger or thirst recently?	yes	ever been diagnosed with MS?	yes
been diagnosed with ADD or ADHD?	yes	ever been diagnosed with Myasthenia Gravis?	yes
ever been diagnosed with psoriasis or eczema?	yes	ever been diagnosed with seizures ?	yes
ever had melanoma/skin cancer?	yes	recently suffered with chronic headaches?	yes
ever had shingles on your head or face?	yes	ever had high fluid pressure of the brain?	yes
ever been diagnosed with rosacea?	yes	ever had a serious head/brain injury?	yes
ever had shingles to affect your eyes?	yes	experienced seasonal allergies in the last year?	yes
had recurrent sties in past?	yes	had chronic or acute sinus congestion?	yes
recently had double vision?	yes	recently suffered with chronic dry mouth?	yes
ever been diagnosed with a lazy eye?	yes	had chronic or acute asthma or bronchitis?	yes
developed permanent loss of vision?	yes	ever been diagnosed with emphysema?	yes
had chronic, severe irritation of the lids?	yes	ever been diagnosed with sleep apnea?	yes
ever been diagnosed with cataracts?	yes	ever been diagnosed with an ulcer?	yes
had crusty or mattering lids recently?	yes	ever been diagnosed with elevated cholesterol?	yes
ever had diabetic eye damage?	yes	ever been diagnosed with high blood pressure?	yes
recently had distorted or wavy vision?	yes	ever had congestive heart failure?	yes
recently had dry, gritty eyes?	yes	have hardening arteries or clogged neck arteries?	yes
recently had excessive tearing of your eyes?	yes	ever been diagnosed with a stroke ?	yes
recently had light flashes inside eyes?	yes	are you currently pregnant? or nursing?	yes
recently had floaters inside eyes?	yes	had complications during pregnancy?	yes
ever had glaucoma or high eye pressure?	yes	ever been diagnosed with fibromyalgia ?	yes
ever had herpes virus of the eye?	yes	ever had osteo (regular) arthritis?	yes
ever had debilitating light sensitivity?	yes	ever been diagnosed with anemia?	yes
been diagnosed with macular degeneration?	yes	ever been diagnosed with bleeding problems?	yes
ever been diagnosed with a loss of side vision?	yes	have sickle cell trait or disease?	yes
ever had a retinal hole, tear or detachment?	yes	ever been diagnosed with HIV/AIDS?	yes
every had an eye injury w/ permanent harm?	yes	been receiving chemotherapy currently?	yes
ever been diagnosed with keratoconus?	yes	have rheumatoid arthritis a &/or JRA?	yes
ever been diagnosed with thyroid eye disease?	yes	ever been diagnosed with lupus, or sarcoidosis?	yes
ever been diagnosed with an eye freckle?	yes	ever been diagnosed with Sjogren's syndrome?	yes
ever been diagnosed with color vision loss?	yes	been currently suffering from depression?	yes
ever had toxoplasmosis or histoplasmosis?	yes	have anxiety or panic disorder?	yes
recently had a chronic/recurrent eye infection?	yes	ever suffered from bipolar disorder?	yes
ever had an eye tumor or cancer?	yes	ever had a conversion disorder?	yes
ever had a temporary, but total vision blackout?	yes		
ever had high blood pressure eye damage?	yes		
suffered with allergies in the eyes?	yes		
ever had a stroke inside the eye(s)?	yes		
ever been diagnosed with diabetes?	yes		
been placed on dialysis?	yes		
ever been diagnosed with thyroid disease?	yes		
ever had pituitary gland disease or tumor?	yes		