

VISION SOURCE
SISSON-BOYER EYECARE, LLC

W. Reynolds Sisson, O.D., F.A.A.O

Kimberly Frantz Boyer, O.D.

Jeffrey Walter, O.D.

Lauren Kibe, O.D.

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

If under age 18, please list parent/guardian name: _____

Review of System: **(please circle all that apply)**

1. Constitution – Developmental Disabilities, Cancer, Fatigue Syndrome Other: _____
2. Ear/Nose/Throat – Hearing Loss, Sinus Problems, Dry Mouth, Laryngitis Other: _____
3. Neurological – MS, Epilepsy, Cerebral Palsy, Tumor, **Stroke**, Migraine Other: _____
4. Psychiatric – Depression, Attention Deficit, Anxiety Disorder, Bipolar Disorder
Other: _____
5. Cardiovascular- High Blood Pressure (hypertension), Heart Disease, Vascular Disease,
Congestive Heart Failure, **Heart Attack** Other: _____
6. Respiratory – Cigarette Smoker, Asthma, Bronchitis, Emphysema, Chronic Obstruction,
Sleep Apnea Other: _____
7. Gastro Intestinal – Crohn’s, Colitis, Ulcer, Acid Reflux, Celiac Disease Other: _____
8. Genito - Urinary – Kidney Disease, Prostate Disease, Prostate Cancer, STD (Herpetic or Chlamydia), Benign
Prostate Hypertrophy, Pregnant/Nursing Other: _____
9. Muscular/Skeletal – Arthritis, Osteoarthritis, Fibromyalgia, Muscular Dystrophy, Ankylosing, Spondylitis,
Osteoporosis, Gout Other: _____
10. Dermatologic – Eczema, Rosacea, Psoriasis, Herpes Simplex (Cold Sore), Herpes Zoster (Shingles)
Other: _____
11. Endocrinology – **Type 1 Diabetes, Type 2 Diabetes**, Thyroid Dysfunction, Hormonal Dysfunction
Other: _____
12. Hematological/Lymph – Anemia, Large Volume Blood Loss, Ulcer, High Cholesterol
Other: _____
13. Allergy/Immunologic – Drug Allergies, Environmental Allergies, Rheumatoid Arthritis, Lupus, Sjogren’s
Syndrome Other: _____

Medication List: _____

Drug Allergies: _____ Primary Care Physician: _____

Please list previous ocular conditions: _____