



Burton Vision Center

Patient Review of System

Please mark any issue(s) that you are currently experiencing:

<u>Eye</u>		
	Yes	No
Glaucoma		
Cataract		
Macular Degeneration		
Loss of Vision		
Blurred Vision		
Itching		
Redness		
Tearing		
Pain		

<u>Constitution</u>		
	Yes	No
Developmental Disabilities		
Cancer		

<u>Neurological</u>		
	Yes	No
Multiple Sclerosis		
Epilepsy		
Tumor		
Stroke/CVA		
Migraine		
Autism Spectrum Disorder		

<u>Psychological</u>		
	Yes	No
Depression		
Attention Deficit		
Anxiety Disorder		
Bipolar Disorder		

<u>Cardiovascular</u>		
	Yes	No
High Blood Pressure		
Stroke/CVA		
Heart Disease		
Vascular Disease		

<u>Respiratory</u>		
	Yes	No
Cigarette Smoker		
Asthma		

<u>Genitourinary</u>		
	Yes	No
Kidney Disease		
Pregnant		
Nursing		
Herpes		
Chlamydia		

<u>Musculoskeletal</u>		
	Yes	No
Arthritis		
Osteoarthritis		
Fibromyalgia		
Muscular Dystrophy		
Ankylosing Spondylitis		

<u>Integumentary</u>		
	Yes	No
Eczema		
Rosacea		
Psoriasis		
Cold Sores		
Shingles		

<u>Endocrine</u>		
	Yes	No
Type 2 Diabetes		
Type 1 Diabetes		
Thyroid Dysfunction		
Hormonal Dysfunction		

<u>Hematological/Lymphatic</u>		
	Yes	No
Anemia		
High Cholesterol		

<u>Allergic/Immune</u>		
	Yes	No
Drug Allergies		
Environmental Allergies		
Rheumatoid Arthritis		
Lupus		
Sjogren's Syndrome		