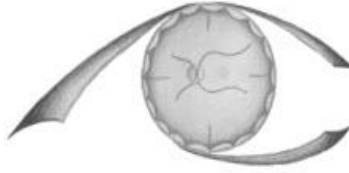


Premier Retina Specialists

Richard Culbert, M.D.
Gerardo Escobedo, D.O.



PATIENT FAMILY MEDICAL HISTORY

PATIENT NAME: _____ DOB: _____

FATHER: _____ (father's name)

Unknown Diabetes Type I Type II High Blood Pressure Stroke Heart Disease
High Cholesterol Rheumatoid Arthritis Lupus Autoimmune Disease (type) _____
Arthritis Hypo thyroid Hyper thyroid Cancer (type) _____
Other (*please list*) _____

MOTHER: _____ (mother's name)

Unknown Diabetes Type I Type II High Blood Pressure Stroke Heart Disease
High Cholesterol Rheumatoid Arthritis Lupus Autoimmune Disease (type) _____
Arthritis Hypo thyroid Hyper thyroid Cancer (type) _____
Other (*please list*) _____

Blood Related Siblings

Name: _____ Male Female

Unknown Diabetes Type I Type II High Blood Pressure Stroke Heart Disease
High Cholesterol Rheumatoid Arthritis Lupus Autoimmune Disease (type) _____
Arthritis Hypo thyroid Hyper thyroid Cancer (type) _____
Other (*please list*) _____

Name: _____ Male Female

Unknown Diabetes Type I Type II High Blood Pressure Stroke Heart Disease
High Cholesterol Rheumatoid Arthritis Lupus Autoimmune Disease (type) _____
Arthritis Hypo thyroid Hyper thyroid Cancer (type) _____
Other (*please list*) _____

Name: _____ Male Female

Unknown Diabetes Type I Type II High Blood Pressure Stroke Heart Disease
High Cholesterol Rheumatoid Arthritis Lupus Autoimmune Disease (type) _____
Arthritis Hypo thyroid Hyper thyroid Cancer (type) _____
Other (*please list*) _____

PATIENT FAMILY MEDICAL HISTORY CONTINUED

BLOOD RELATED SIBLINGS

Name: _____ Male Female
Unknown Diabetes Type I Type II High Blood Pressure Stroke Heart Disease
High Cholesterol Rheumatoid Arthritis Lupus Autoimmune Disease (type) _____
Arthritis Hypo thyroid Hyper thyroid Cancer (type) _____
Other (**please list**) _____

Name: _____ Male Female
Unknown Diabetes Type I Type II High Blood Pressure Stroke Heart Disease
High Cholesterol Rheumatoid Arthritis Lupus Autoimmune Disease (type) _____
Arthritis Hypo thyroid Hyper thyroid Cancer (type) _____
Other (**please list**) _____

Name: _____ Male Female
Unknown Diabetes Type I Type II High Blood Pressure Stroke Heart Disease
High Cholesterol Rheumatoid Arthritis Lupus Autoimmune Disease (type) _____
Arthritis Hypo thyroid Hyper thyroid Cancer (type) _____
Other (**please list**) _____

Name: _____ Male Female
Unknown Diabetes Type I Type II High Blood Pressure Stroke Heart Disease
High Cholesterol Rheumatoid Arthritis Lupus Autoimmune Disease (type) _____
Arthritis Hypo thyroid Hyper thyroid Cancer (type) _____
Other (**please list**) _____

Name: _____ Male Female
Unknown Diabetes Type I Type II High Blood Pressure Stroke Heart Disease
High Cholesterol Rheumatoid Arthritis Lupus Autoimmune Disease (type) _____
Arthritis Hypo thyroid Hyper thyroid Cancer (type) _____
Other (**please list**) _____

Name: _____ Male Female
Unknown Diabetes Type I Type II High Blood Pressure Stroke Heart Disease
High Cholesterol Rheumatoid Arthritis Lupus Autoimmune Disease (type) _____
Arthritis Hypo thyroid Hyper thyroid Cancer (type) _____
Other (**please list**) _____