

WELCOME TO THE OFFICE OF:  
**ALDRIDGE EYE INSTITUTE, O.D., P.A.**

Mr.  
 Ms.  
 Name: Mrs. \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

What is the reason for your visit today (be specific)? \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please review and check the following complaints you have:

- Headaches  Blurred Vision (Far, Near or Both?) \_\_\_\_\_
- Double Vision  Poor Depth Judgement
- Eye Pain or Discomfort  Very Sensitive to light

Other: \_\_\_\_\_

If completed by someone other than patient; Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

How were you referred to our office?  Newspaper  Radio  Friend  Other \_\_\_\_\_

How do you wish to pay for today's visit?

- Check/Cash  MasterCard  Visa  Insurance **(Please Present Insurance Card)**
- Spectera  Superior Vision Service  VSP  Other \_\_\_\_\_

If minor, responsible party: \_\_\_\_\_

Do you **CURRENTLY** have any problems in the following areas? If "YES", please provide information.

GENERAL/CONSTITUTIONAL	YES	NO	EXPLANATION OF PROBLEM
Fever			
Weight Loss			
Other			
<b>EARS, NOSE, THROAT</b> (Sinus, Ear Infection, Chronic Cough, Dry Mouth, etc.)			
<b>CARDIOVASCULAR</b> (Heart, Vessels, etc.)			
<b>RESPIRATORY</b> (Asthma, Emphysema, etc.)			
<b>GASTROINTESTINAL</b> (Stomach Ulcers, Intestinal Disease, Hepatitis, etc.)			
<b>GENITAL, KIDNEY, BLADDER</b>			
<b>MUSCLES, BONES, JOINTS</b> (Arthritis, etc.)			
<b>SKIN</b> (Acne, Warts, Skin Cancer, etc.)			
<b>NEUROLOGICAL</b> (Multiple Sclerosis, etc.)			
<b>PSYCHIATRIC</b> (Anxiety, Depression, Insomnia)			
<b>ENDOCRINE</b> (Diabetes, Hypothyroid, etc.)			
<b>BLOOD/LYMPH</b> (Cholesterolemia, Anemia, etc.)			
<b>ALLERGIC/IMMUNOLOGIC</b> (Hay Fever, Lupus, Sjogens, HIV, Aids, seasonal allergies, etc.)			