

Welcome!!

Patient Name (**Please Print**): _____
Address: _____ City: _____ State: _____ Zip Code: _____
Date Of Birth (MM/DD/CCYY): _____ Social Security Number: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
Drivers License #: _____ Issuing State: _____ E-mail Address: _____
Employer: _____ Occupation: _____
Referred by whom: _____
Main Reason for Today's visit (near/far vision difficulty, eye irritation, etc.): _____
Interested in receiving an eye exam for the following: Glasses___ Contacts___ Disposable contacts___ Laser Surgery___

Insurance Information

If you have insurance, **please present your health insurance and/or vision plan cards** to the receptionist.

Name of Health Insurance Company _____ Name of Vision Plan _____

Name of Primary Insured Member _____ Primary's DOB _____

Relationship to Patient (self, spouse, child, _____) If you are a dependent student please circle: full-time part-time

Eye History

Do you have any history of eye injury, surgery or eye disease? Yes___ No___

If yes: ___ Dry eyes ___ Laser Correction Surgery ___ Watery eyes ___ Itchy eyes
___ Amblyopia ___ Strabismus ___ Floaters ___ Flashes of light

Other: _____

Medical History

Primary Care Physician _____

Have **you or any of your immediate family** members had any of the following conditions? Please indicate self (**S**) or family (**F**)

___ Glaucoma ___ Macular Degeneration ___ Headaches ___ Asthma
___ Cataract ___ High Blood Pressure ___ HIV ___ Seasonal Allergies
___ Diabetes ___ Cholesterol ___ Thyroid ___ Ulcer

Please inform the doctor or technician of any of the following:

Pregnancyyes___no___ Alcohol yes___no___ Tobacco Use.....yes___no___

Please list all medications (including vitamins, hormones, birth control pills, nasal sprays) **you are currently taking:**

PLEASE LIST ALL MEDICATIONS YOU ARE ALLERGIC TO:

Activities/Hobbies:

Computer Use___ Quilting/Sewing___ Racquetball/Tennis___ Welding___ Model Building___
Extensive Reading___ Skiing/Skating___ Water activities___ Extensive Driving___
Theatre/Opera___ Baseball___ Football___ Golf___

Others: _____