

**McLaughlin Optometry**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Salutation: Ms Mrs Mr Dr \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please circle preferred phone number for communication:

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Referred by \_\_\_\_\_

Do you experience any of the following with or without your glasses or contacts on?

Blur at distance \_\_\_\_\_ Dry eyes \_\_\_\_\_

Blur at near \_\_\_\_\_ Watering eyes \_\_\_\_\_

Double vision \_\_\_\_\_ Eyes burn or itch \_\_\_\_\_

Floaters \_\_\_\_\_ Red eyes \_\_\_\_\_

Flashing lights \_\_\_\_\_ Frequent headaches \_\_\_\_\_

Problems with glare \_\_\_\_\_ Eye strain \_\_\_\_\_

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

Have you ever had an eye injury? Y N Please explain \_\_\_\_\_

Have you ever had an eye surgery? Y N Please explain \_\_\_\_\_

Do YOU or any BLOOD relatives (parents, grandparents, siblings, children) have a history of the following:

	Self	Family	Which family member?
Glaucoma	_____	_____	_____
Macular degeneration	_____	_____	_____
Retinal detachment	_____	_____	_____
Lazy eye	_____	_____	_____
Diabetes/prediabetes	_____	_____	_____
Other inherited disease:	_____		

Please check any of the following conditions that YOU have EVER had:

Cataracts \_\_\_\_\_ High blood pressure \_\_\_\_\_ Stroke \_\_\_\_\_

Color vision problems \_\_\_\_\_ High cholesterol \_\_\_\_\_ Lupus \_\_\_\_\_

Migraine headaches \_\_\_\_\_ Heart attack/ disease \_\_\_\_\_ MS \_\_\_\_\_

Thyroid condition \_\_\_\_\_ Rheumatoid arthritis \_\_\_\_\_ Cancer \_\_\_\_\_

Environmental allergies \_\_\_\_\_ Sinus problems \_\_\_\_\_

Please list any other medical or mental conditions: \_\_\_\_\_

Please list any medications you currently take (prescription and over-the-counter):

\_\_\_\_\_

\_\_\_\_\_

Are you allergic to any medication? Y N Please list: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_ Primary care physician: \_\_\_\_\_

Female patients: Are you pregnant? Y N Nursing? Y N

Do you smoke? Y N #Packs/day? \_\_\_\_\_

Date of last eye exam: \_\_\_\_\_ Previous eye doctor: \_\_\_\_\_

Age of current glasses: \_\_\_\_\_ Number of hours per day spent on a computer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hobbies: \_\_\_\_\_

Have you ever ordered lenses from Costco? Y N May we look up your last order? Y N

Are you planning to have refractive surgery within the next year? Y N

Would you like a contact lens exam today? Y N

Have you ever worn contact lenses? Y N Last time worn: \_\_\_\_\_

Please complete the questions below if you **currently** wear **contact lenses**:

Type or brand of current lenses _____ and prescription, if known: _____
Are you interested in a different type of contact lens? Y N _____
How old is your current pair of contact lenses? _____
How often do you replace your lenses? _____
Typical wearing schedule: _____ hrs/day _____ days/wk
Brand of solution used to disinfect the lenses? _____
Brand of eyedrops used with the contacts? _____

**Please read this entire section.** If the doctor recommends an internal eye exam to check the health of the insides of your eyes, which procedure would you prefer?

\_\_\_\_\_ **Dilation:** Drops will be instilled in your eyes to widen your pupils. Common side effects include light sensitivity and blurry vision at close range lasting three to four hours. *There is no charge for this service.*

\_\_\_\_\_ **Photographs:** (No drops needed): Images will be taken of the inside of your eyes which your doctor will review with you. This procedure has no side effects. The pictures will be saved to compare with your pictures taken next year. *There is a \$32 fee for this service.*

\_\_\_\_\_ **I don't have a preference or would like to discuss this with the doctor.**

\_\_\_\_\_ **Decline both:** I understand that there are life- or vision-threatening diseases which may go undetected without an internal eye exam.

I acknowledge that I have received a copy of McLaughlin Optometry's Notice of Privacy Practices.

Signature (Parent or legal guardian if under 18 years old)

Date