

WELCOME TO OUR OFFICE

Please answer the following questions to help us give you a comprehensive eye examination and a treatment plan that meets your particular needs. Thank you for your cooperation.

Name: Occupation:

Email:

What is the reason for your visit today? Routine New Glasses New Contacts Other

What was the approximate date of your last eye exam:

Who was the eye doctor?

What was the approximate date of your last medical exam:

Do you have any long standing medical problems? Yes No

If yes, please specify:

Are you on any medications or vitamin supplements presently? Yes No

If yes, please specify:

Do you have any allergies?

Are you a contact lens wearer? Yes No

Have you ever experienced flashes? Yes No

Or floaters? Yes No

Do you experience Headaches Yes No If yes, type/frequency

Do you experience double vision? Yes No If yes, Horizontal or Vertical

Family History

Do members of your family have any of the following conditions:

	Glaucoma	Cataract	Age Related Macular Degeneration	High Blood Pressure	Diabetes	Thyroid	Other
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you participate in any of the following sports?

Golf Tennis Racquet Ball Basketball Skiing Boating
 Hockey Swimming Biking Other

Do you have any of the following hobbies?

Needlework/Sewing Woodworking/Shop work Music
 Computer/hours per day Reading Other

For New Patients: How did you first hear about our office?

Referred by a friend. Please name:
 Yellow pages Office Sign Welcome Wagon
 Other / Doctor

Do you have any preschool/school age children, and if so when was their last eye examination?