PATIENT INFORMATION

Date:_____
Circle One: Dr. Mr. Mrs. Ms. Miss
Name: _____ Date of Birth: _____-____-_____
Address: _____
City: _____ State: _____ Zip:_____
Phone: Home (____)_____-_____ Office (____)_____-_____ Cell (____)____-_____
E-mail: _____ If a Child, Parent's Name:_____
Spouse's Name: _____ Spouse's Date of Birth: _____-____-_____
Occupation: _____ Employer: _____
Referred By: _____
Insurance Co:_____ I.D. #: _____
Hobbies/Sports: _____
Medical History: _____
Medications (Rx and Over-The-Counter): _____
_____
Drug Allergies: YES / NO (If Yes, Please List): _____

To help our office better service your needs, please answer the following:
What is your main reason for today's exam? _____
Eye history (surgeries, diseases, injuries, etc.) _____
When was your last eye exam? _____
Do you use a computer? YES / NO Hours/day _____ Distance from computer _____
Do you drive? YES / NO If yes, do you have visual difficulty when driving? YES / NO
Do you have glare problems? YES / NO Problems with night vision? YES / NO

GLASSES HISTORY:
Do you currently wear glasses? YES / NO Since _____ Full time ____ Part time ____
Used for: Distance viewing ____ Close/reading ____ How old are your glasses? _____
Glasses owned: Single Vision ___ Bifocals ___ Trifocals ____ Progressives/No-line____
Sport glasses ____ Safety glasses ____ Spare pair ____ None ____
Have you had trouble with glasses in the past? YES / NO If yes, reason: _____
Do you wear sunglasses? YES / NO Prescription____ Non-prescription____
If prescription, are they updated to your current prescription? YES / NO
Are you interested in getting new eyeglasses today? YES / NO / NOT SURE

CONTACT LENS HISTORY:
Do you currently wear contact lenses? YES / NO Since _____
Full time____ Part time____ Brand of contact lenses_____
Strength of lenses, if known: Rt. eye_____ Lt. eye_____
If not, are you interested in trying contact lenses at this time? YES / NO
Are you interested in learning more about laser surgery? YES / NO
Please list any comments or questions for the doctor today: _____
_____
_____