



DATE _____

Name _____ Sex _____ Birthdate ____/____/____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Last four of Social Security #: _____ e-mail _____

Occupation/School Yr _____ Hobbies/Sports _____

If minor, parents names' _____ if married, name of spouse _____

Names of children w/in household & their ages _____

Did anyone refer you? If so, whom may we thank? _____

VISION HISTORY: Date of last eye exam _____ Previous Doctor _____

Do you currently wear glasses? (Y or N) For distance? Y / N For near? Y / N Constantly? Y / N

How long have you had your present prescription? _____

Do you wear contacts lenses? (if so, please indicate type) _____

Have you ever worn contacts? (what type? Were they discontinued? Why?) _____

Are you interested in contacts? (if so, indicate type) _____

EYE HEALTH HISTORY Circle if you have ever experienced the following:

Blur	Dry Eye	Halos
Eye Pain	Double Vision	Floaters
Red Eye	Eye Fatigue	Eye Diseases
Itching	Lazy Eye	Cataracts
Burning	Crossed Eyes	Glaucoma
Tearing	Difficulty w/Night time Driving	Other (please specify):

History of your **blood relatives** with any of the following conditions (if yes, indicate who)?

Cataracts	Blindness	High Blood Pressure
Glaucoma	Crossed Eyes	Diabetes
Macular Degeneration	Lazy Eye	Cancer
Other Eye Diseases	Other (please specify):	

Briefly, please describe your current visual ailments/difficulties and how the doctor can best help you:

HEALTH HISTORY: How is your general health? _____ Date of last physical exam _____

Are you presently taking any medications? (if so, please list) _____

Are you presently taking any hormones (including birth control)? _____

Do you currently use tobacco products? (Y / N) Have you in the past? (Y / N)

Do you have any allergies to any medications? Please specify: _____

Circle if you have any of the following conditions:

Diabetes	Headaches	Arthritis
High Blood Pressure	Thyroid Trouble	Sinus Issues
Heart Condition	Pregnancy	Allergies (please specify)
Other (please specify):		

During your eye exam you should not worry about giving a 'wrong' answer, the doctor will recheck inconsistencies. Do not be alarmed in the event your vision becomes worse, briefly, during your eye examination.