

WELCOME TO OUR OFFICE

Name _____ Birth Date _____
Address _____ City _____
Postal Code _____ Physician _____ E-mail _____
Phone # _____ Work # _____ Cell # _____
Occupation _____ Hobbies _____
New Patients: How did you hear about us? Yellow Pages Internet/Google Other _____
New Patients: Who may we thank for referring you? _____

FAMILY HISTORY

Does any blood relative have:

- Glaucoma Corneal Problems
 Macular Degeneration Retinal Problems
 Other Eye Disease _____

EYE AND MEDICAL HISTORY

Date of last eye exam _____
Name of last Optometrist _____

Do you or did you ever smoke? Yes No
Are you pregnant/nursing? Yes No

Have you ever been diagnosed or treated for the following eye or health problems?

Glaucoma Yes No
Eye Surgery Yes No
Diabetes Yes No
High Blood Pressure Yes No
High Cholesterol Yes No

Do you experience any of the following:

- Sudden onset of light flashes / floating spots
 Uncomfortable glasses Uncomfortable contacts

MEDICATIONS

Prescription and Over the Counter

ALLERGIES

Medication and Environmental

LET'S DETERMINE YOUR VISUAL PROFILE

Do You.....(check box if your answer is yes)

- ..wear glasses?
 ..wear contact lenses?
 ..like the comfort of your contact lenses?
 ..work at a computer? If yes, please complete computer questionnaire.
 ..think you might benefit from thinner, lighter lenses?
 ..spend time outdoors? How much? __Hrs/week
 ..have prescription sunwear?
 ..have interest in a non-surgical approach to vision correction?
 ..have more than 1 pair of current Rx eyewear?
 ..have children?
 ..have family members in need of eyecare?
 ..need to take your glasses off to read?
 ..if you wear bifocals, do the lines or head tilting bother you?

What do you like the least about your glasses?

What do you like the most about your glasses?

ABOUT YOUR EYEWEAR OPTIONS

Do You.....(check box if your answer is yes)

- ..want information on Laser Vision Correction surgery?
 ..have interest in a "test drive" of the latest contact lens designs?
 ..prefer not to wear your glasses at times?
 ..plan on getting new glasses today?