

DEAR PATIENT: Thank you for returning to our practice for your eye care needs. So that we may better serve you, please fill out this form.

Date: ___/___/___

Name: _____ Age: ___ DOB: ___/___/___

Address: Same New _____ Apt _____ Zip _____

Home Phone: Same New _____

Work Phone: Same New _____ Email Address: _____

INSURANCE INFORMATION

Plan Name _____ Vision Provider _____

Insured Name _____ M ___ F ___ Insured date of birth ___/___/___

Insured Id# or SS# _____ Relationship to patient: Self Spouse Child Other

PLEASE BE ADVISED, INSURANCE ORDERS CAN TAKE FROM 10-15 BUSINESS DAYS. WE WILL CALL YOU WHEN WE RECEIVE YOUR ORDER.

SINCE YOUR LAST EYE EXAMINATION AT THIS OFFICE: YES NO

Have you had any change in your health? Explain: _____ _____ _____

Have you had surgery or been hospitalized? Explain: _____ _____ _____

Have you started taking medication? Explain: _____ _____ _____

Have you had any eye care performed elsewhere?(routine or emergency) Explain: _____ _____ _____

Have any direct relatives (parents, uncles, aunts, siblings) had any onset of eye problems? Other than injury or trauma) Explain: _____

Have any direct relatives been diagnosed with diabetes? _____ _____ _____

What is the reason for today’s visit? (Briefly describe) _____

Specific problem _____

Non-Specific Problem _____

Routine eye exam/no problem _____

Are you interested in updating your current contact lens prescription? _____ _____

(An annual renewed prescription is necessary for reordering contact lenses)

ARE YOU WORKING ON A COMPUTER? YES NO IF YES PLEASE FILL OUT THE FOLLOWING:

<u>SYMPTOM</u>	<u>MILD</u>	<u>MODERATE</u>	<u>SEVERE</u>	<u>NEVER</u>
Headaches during or after working at the computer.....	_____	_____	_____	_____
Overall bodily fatigue or tiredness.....	_____	_____	_____	_____
Burning eyes.....	_____	_____	_____	_____
Distance vision is blurry when looking up from the computer.....	_____	_____	_____	_____
Dry, tired or sore eyes.....	_____	_____	_____	_____
Squinting helps when looking at the computer.....	_____	_____	_____	_____
Neck, shoulders, or back pain.....	_____	_____	_____	_____
Double vision.....	_____	_____	_____	_____
Letters on the screen run together.....	_____	_____	_____	_____
Driving/night vision is worse after computer use.....	_____	_____	_____	_____
“Halos” appear around objects on the screen.....	_____	_____	_____	_____
Need to interrupt at work frequently to rest eyes.....	_____	_____	_____	_____