WELCOME TO OUR OFFICE!

Name________________________Nickname____________Birthdate___________SS#______________

Mailing Address_____________________________City__________________________Zip___________

Home Phone___________Cell ____________e-mail____

Should we contact you by phone or email?____________Cell or home?_________ Text OK?__________

If you would like to receive text messages who is your phone cell carrier?__________________________

Occupation_____________________________Hobbies ______________________________________

Please name any family members who've been to our office____________________________________

How did you hear about our office?____

If patient is a child: School__________________Teacher______________________________________

Do you have a Flexible spending Account?______(glasses & contacts are eligible expenses)

VISION HISTORY

Date of last eye exam________How old are your glasses?______Do you wear Contacts?_________

How many hours per day do you spend using a computer?______ How many hours outdoors?_______

Do any of the following apply to you? Headaches_____Blurred vision______Tired eyes____

Problems reading_____Double vision____Light sensitive______

HEALTH HISTORY

Have you ever injured or had surgery on your eyes?______Have you ever been treated for an

eye disease or used any medicine in your eyes?_______Explain________________________________

Have any of your blood relatives been diagnosed with glaucoma or other eye diseases?________

Is there any family history of diabetes or stroke?________________________________

Family Doctor____________________________________Last visit to the doctor___________________

List any health problems you are being treated for:____

List any medications you are taking:____

List all medications that you may be allergic to:____

PAYMENT INFORMATION: It is the policy of our office that the exam fee is paid when the service is rendered.

INSURANCE INFORMATION: We accept direct payment from a number of insurance companies. Please ask our staff if your insurance is accepted in our office. Pthist2010.doc