



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F Last 4 of SS# : \_\_\_\_\_
Address: \_\_\_\_\_ Unit # \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
Cell: \_\_\_\_\_ Email: \_\_\_\_\_

What is your occupation? \_\_\_\_\_ What are your hobbies? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Interested In: Glasses / Contacts / LASIK Last eye exam: \_\_\_\_\_

Do you currently wear: Glasses / Contacts / Both

Do you currently have or have you ever had any of the following? Check all that apply

- Eye Surgeries: Y/N Dry Eyes: Y/N Macular Degeneration: Y/N
Eye Injuries: Y/N Light Sensitivity: Y/N Eye Turn in/Out: Y/N
Eye Infections: Y/N Pain: Y/N Reading Problems: Y/N
Amblyopia: Y/N Glaucoma: Y/N LASIK: Y/N
Cataracts: Y/N Lazy Eye: Y/N Other: Y/N

Do you have:

- Diabetes Y/N High Blood Pressure: Y/N
When were you diagnosed? \_\_\_\_\_ When were you diagnosed? \_\_\_\_\_
Headaches Y/N
When or how often do you get the Headaches?: \_\_\_\_\_

Are you currently on any prescription or over the counter medications? Please List:

Do you currently have any Allergies? \_\_\_\_\_

Do you have any problems with any of these systems? Check all that apply

- Allergic / Immunologic Y/N Kidney Problems Y/N
Arthritis Y/N Musculature Y/N
Blood / Lymph Y/N Nervous Y/N
Cardiovascular Heart Disease Y/N Psychiatric Y/N
Ear / Nose / Throat Y/N Respiratory Y/N
Endocrine Glands Y/N Skeletal Bones Y/N
Gastrointestinal Y/N Thyroid Problems Y/N
Integument Skin Y/N Other Y/N

Do you use: Tobacco - packs per day: \_\_\_\_\_ Alcohol - drinks per day: \_\_\_\_\_ Other substances: \_\_\_\_\_

Family Eye History- Anyone in patient's family (blood relative) had any of the following?

- Cataracts Y/N Glaucoma Y/N Macular Degeneration Y/N
Cornea Disease Y/N Lazy Eyes Y/N High Blood Pressure Y/N
Retina Disease Y/N Diabetes Y/N Other Eye Disorder Y/N

Are you currently pregnant or nursing?: \_\_\_\_\_

Help us find your visual solution: Check any box that interests you!

Contact Lenses

- [ ] Contacts that are comfortable all day long
[ ] Daily Disposable Contact Lenses
[ ] Multifocal Contact Lenses
[ ] Contacts to replace glasses
[ ] Contacts I can sleep in, wake up, and see
[ ] Contacts that require no care
[ ] Contacts that correct astigmatism
[ ] Contacts that change eye color

Laser Vision Correction

- [ ] Custom LASIK surgery options

Glasses

- [ ] Extra thin and light lenses
[ ] Glare free lenses
[ ] Designer frames
[ ] Frames that weigh less than a feather
[ ] Invisible (No line) Bifocal
[ ] Lenses that adjust to sunlight
[ ] Specialty Glasses
[ ] Discount for second pair

Eyestrain

- [ ] Using the computer with less strain

Sunglasses

- [ ] UV protection
[ ] To wear with contacts
[ ] Reduced glare
[ ] Discount for second pair

Children's Vision

- [ ] How old for first exam
[ ] Contacts for kids?
[ ] Protective eyeglasses
[ ] The difference between screening vs eye exam

Anything we didn't ask that you think we should know? \_\_\_\_\_