



### EYE HEALTH/VISION

Which of the following problems are you experiencing with your vision?  
(check all that apply)

- Blurred distance vision
- Blurred near vision
- Visual discomfort
- Trouble focusing
- Double vision
- Floaters (spots in vision)
- Flashes of light
- Other \_\_\_\_\_

Which of the following problems are you experiencing with your eyes?  
(check all that apply)

- Dry
- Watery
- Itchy
- Burning
- Feels like something in eye
- Headache
- Light sensitivity
- Trouble with glare

Check/answer all that apply:

- You spend a lot of time on the computer — How long? \_\_\_\_\_
- Seasonal allergies — What time of year? \_\_\_\_\_
- Sinus problems
- Wear glasses
  - Are you interested in new glasses? \_\_\_\_\_
- Wear contact lenses
  - Are you interested in contact lenses? \_\_\_\_\_

### Family History

Any history of the following ocular conditions? Please list who in your family has/had these conditions:

Macular Degeneration \_\_\_\_\_ Glaucoma \_\_\_\_\_ Cataracts \_\_\_\_\_

Retinal Detachment \_\_\_\_\_ Keratoconus \_\_\_\_\_ Lazy Eye \_\_\_\_\_



**Updated Personal and Medical Information**

DATE: \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

OCCUPATION/PLACE OF EMPLOYMENT \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

FORMER OPTOMETRIST \_\_\_\_\_ LAST EXAM \_\_\_\_\_

WHOM MAY WE THANK FOR REFERRING YOU TO THE OFFICE \_\_\_\_\_

MEDICAL BACKGROUND:

PRIMARY CARE PHYSICIAN \_\_\_\_\_ LAST PHYSICAL \_\_\_\_\_

Please list any medical conditions (diabetes, high blood pressure, autoimmune disease, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Please list all medications (Rx and OTC) – or we can make a copy if you have a list with you

\_\_\_\_\_  
\_\_\_\_\_

Any known allergies to medications? \_\_\_\_\_

PEDIATRIC EXAMS:

Are there any academic difficulties? \_\_\_\_\_ Did child fail a school screening? \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_