

WELCOME TO OUR OFFICE

PART I

PERSONAL INFORMATION

Today's Date _____

Name _____ H phone _____ W phone _____
Address _____ City _____ ST _____ Zip _____
Date of Birth _____ Age _____ Occupation _____
Employer _____ Email _____

Referred By:

Patient () or Family Member () whom? _____

Yellow Pages () Insurance Company () Other () _____

Do you participate in a pre-tax medical set-aside program? No () Yes ()

How will you be paying today? Cash () Credit Card () Check () *if check, provide License# below*

Are you interested in information regarding Laser Vision Correction/ Refractive Surgery? No () Yes ()

INSURANCE INFORMATION

Insurance Co _____ Vision Benefits (Yes/No) Last Used when _____
Member ID# _____ Social Security # Mass Lic # _____

Date of Last Eye Exam _____ by Dr & Where _____

What is the major reason for this visit? _____

Do you wear Contact Lenses? _____ Name/ Location of last Contact Lens Prescriber _____

Are you having any problem with your Eyeglasses or Contact Lenses? _____

Do you own prescription sunglasses? Yes () No ()

PART II

Please Circle All that Apply

We need to update this information yearly*

(* Thank you for your cooperation)

Primary Care Doctor _____ Location _____ Last Medical Exam _____

YOUR EYE HISTORY

Blurred Vision
Distance / Near / Both
Cataracts
Crusting on Eyelashes
Difficulties with Night Vision
Eye Exercises/ Patching
Eye Injury or Surgery
Eye Pain or Discomfort
Conjunctivitis or Styes
Dry Eye
Glaucoma
Lazy Eye
Retinal Disease/ Detachment

YOUR MEDICAL HISTORY

Allergies
Arthritis
Asthma
Cancer
Diabetes
Headaches
Heart/Kidney Disease
High Cholesterol
High Blood Pressure
Skin Disorder
Other _____

YOUR FAMILY HISTORY

Arthritis
Blindness/ Loss of Sight
Cataracts
Diabetes
Dry Eye
Glaucoma
High Blood Pressure
Retinal Disease
Other eye/vision Disorders
*List All Current Medications
Over-the Counter or Prescription*

Do you have or do you see any of the following?
Floaters or Spots Light Sensitivity Burning Redness Itching Tearing
Light Flashes Night Blindness Headlight Glare Dryness

Hobbies/ Recreational Interests (Please Circle all that Apply)

Basketball Bicycling Running Fishing Golf
Golf Sewing/Needlework Drawing Reading Boating
Snorkel/ Scuba Swimming Snow Skiing Tennis Racquetball
Squash Other _____