PLEASE PRINT **Date: _____/_____/_____**

Name: _____ Birthday: _____/_____/_____

Address: _____

City, State, Zip: _____

Cell Phone #: _____ Occupation:_____

Email:_____

Insurance Provider: _____ SS#: (Last 4 Digits only)_____

HOW DID YOU HEAR ABOUT OUR PRACTICE? **Google? FB? Other?_____**

Whom may we thank for referring you to our practice?_____

VISUAL HISTORY

Date of Last Eye Exam: _____ Location / Doctor: _____

When was the last time your eyes were dilated? _____

Reason for Today's Visit:_____

Describe any other problems you are experiencing with your current eyeglasses and contacts:

_____

Do you have any problems with NIGHT DRIVING?----------> ☐ YES ☐ NO

How many hours per day do you use a computer? _____

How many monitors do you use at your workstation?_____

Do you suffer from dry/watery/itchy/allergy Eyes? (describe)_____

Do your prescription sunglasses have a current Rx ? ----------> ☐ ☐

CURRENT CONTACT LENS WEARERS: YES NO

Are you interested in a Technology UpGrade this year?? _____

How often do you throw out your contacts? Daily? 2 Wks? 1x/Mo? Not often enough?

What type of cleaning solutions do you currently use? _____

How current are your 'backup' glasses ?_____

MEDICAL HISTORY

Who is your family doctor?_____(Location)_____

YES NO Do you OR any (blood) family members have:

☐ ☐ **Diabetes? Type I or II? Who? _____**

What was your last blood sugar reading? _____

What was your last A1C_____

☐ ☐ **Hypertension? Who? _____**

☐ ☐ **Thyroid? Hyper or Hypo? Who? _____**

☐ ☐ **Cataracts? Who? _____**

☐ ☐ **Glaucoma? Who? _____**

☐ ☐ **Macular Degeneration? Who? _____**

☐ ☐ **Lazy Eye? Who? _____**

Do *YOU* presently experience any of the following: (Please Explain

☐ ☐ **Dry Eyes?**

☐ ☐ **Head Aches?**

☐ ☐ **Double Vision?**

Have you ever had any eye injuries, surgeries, or diseases?_____

Any other medical conditions: _____

Current Medications/EyeDrops: _____

Allergies: _____

Sports/Hobbies/Interests/Special Visual Needs_____

How can we improve our care/office/team to better serve your needs?