



Patient Information

Patient Name: _____ Birth Date: ___/___/___ Date: ___/___/___

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home: _____

Employer: _____ Occupation: _____ SS#: _____

Referred by: _____ E-mail: _____

Medical History

Medical Dr: _____ Last Physical: ___/___/___ Dr Phone: _____

List of medications *and dosages* you are taking: _____

List medications you are allergic to: _____

Describe the allergic reaction you have: _____

The Health Care Reform Act requires the following questions to be asked:

Do you drink alcohol? Yes No Amount _____ Height: _____

Do you smoke? Yes, current smoker No, never Previous smoker Weight: _____

Do you or your family members have any of the following? If yes, who?

- | | |
|---|---|
| <input type="radio"/> Diabetes (Type 1) _____ | <input type="radio"/> Cataract _____ |
| <input type="radio"/> Diabetes (Type 2) _____ | <input type="radio"/> Degenerative disorder of macula _____ |
| <input type="radio"/> Hypertension _____ | <input type="radio"/> Glaucoma _____ |
| <input type="radio"/> Hyperthyroidism _____ | |
| <input type="radio"/> Hypothyroidism _____ | |

The doctor will review your answers to the following? If yes, who?

Last Exam ___/___/___ From Dr. _____ Age of glasses _____ Age of sunglasses _____

Do you participate in any of the following activities regularly?:

- Walking/Running Bicycling Golfing Fishing Motorcycle Shooting/Hunting Gardening Sewing Automotive

Do you spend 4 or more hours a day on a computer? _____

How many hours a day do you spend using you cell phone/device? _____

How many hours a day do you spend reading/studying? _____

How many hours do you spend driving and outdoors a week? _____

Do you have a current pair of sunglasses to protect your eyes? Yes No

Does glare bother you? Yes No If Yes: During the day? Yes No At night time? Yes No

Are you light sensitive? Yes No

Are you interested in contact lenses? Yes No

Have you been told you cannot wear contact lenses? Yes No

If you wear contacts, do you have a current pair of back up glasses? Yes No