

Established Patient History

Patient First Name: _____ Last Name _____ Date: _____

Reason for TODAY'S Visit	
Routine Eye Exam Yes/No Eye Irritation Yes/No	Do you work on a computer? Yes / No
Need/Want Glasses Yes/No Sunglasses Yes/No	How many hours per day? _____
Need/Want Contacts Yes/No Have you worn them previously Yes /No	Do you have sunglasses? Yes / No
Lasik-Laser Vision Correction Evaluation Yes/No Need more info? Yes/No	Sports/Hobbies _____
Are there any issues or concerns that you would like to address with the Doctor today: _____ _____ _____	Do you have specific visual needs that need to be addressed? Yes / No
	Explain _____ _____

PHYSICAL HISTORY

Date of Last **PHYSICAL EXAM** _____ Doctor _____ Town _____

Specialty Physician _____ Specialty _____ Town _____

Specialty Physician _____ Specialty _____ Town _____

We like to communicate exam results to your Primary and Specialty physicians.

Who should we send a report to? _____

Are you diabetic/pre-diabetic? Yes / No Last A1c _____ Date of last Blood work? _____

Last Home testing _____ What was the reading _____

Do you have High Blood Pressure? Yes / No Are you a smoker yes / No

Have you been diagnosed, or are you being treated for any new medical condition that you did not have during your last visit? Yes / NO

If so, what condition (s)? _____

Do you have any allergies? Yes / No If so, to what? _____

Women: Are you pregnant? Yes / No How many weeks? _____ Are you Nursing Yes / No

Do you experience dry, irritated or itchy eyes? Yes / No Are you using artificial tear drops Yes / No How many times a day _____

Many systemic medications affect your vision and the health of your eyes. Please list your medications below or allow us to copy your list.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. A \$20 (TWENTY DOLLAR) BILLING CHARGE WILL BE APPLIED TO ALL OUTSTANDING BALANCES, UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE. THE RETURNED CHECK FEE IS \$30 (THIRTY DOLLARS). PATIENTS ARE RESPONSIBLE FOR ALL COSTS ASSOCIATED WITH COLLECTIONS OF LEGAL ACTIONS. THERE WILL BE A \$30 "NO-SHOW" CHARGE FOR NOT KEEPING APPOINTMENTS UNLESS WE HAVE BEEN NOTIFIED 24 HOURS IN ADVANCE.

This information is confidential and was given by: _____ **Date** _____