

Patient Information			
Todays Date			
Last Name		First Name	
MI			
Nickname			
Address			
City		State	Zip
Cell Phone ()		Work Phone ()	Ext.
Home Phone ()		Email Address	
Other Phone ()		<input type="checkbox"/> Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student	
Birthdate		Occupation	
Sex <input type="checkbox"/> M <input type="checkbox"/> F		Employer/School Name	
Referred By		If not, how did you hear about our office? Select one below	
<input type="checkbox"/> Social Media <input type="checkbox"/> Website <input type="checkbox"/> Drive By <input type="checkbox"/> Another Doctor <input type="checkbox"/> Dex Yellow Pages <input type="checkbox"/> Life at the Woods Mag			
Insurance & Financial Policy			
MEDICAL Insurance		VISION Insurance	
ID#		ID#	
Group #		Group #	
Subscriber's Name		Subscriber's Name	
Subscriber DOB		Subscriber DOB	
Authorized Users			
This will be someone we can leave messages with regarding appointment times, ask questions regarding your account and insurance, and release information regarding your personal eye health.			
Name		Relationship	Phone #
Name		Relationship	Phone #
Medical History			
Primary Care Physician		Females: Are you Pregnant or Nursing? <input type="checkbox"/> Y <input type="checkbox"/> N	
Drug Allergies <input type="checkbox"/> No Known Drug Allergies		Do you smoke? <input type="checkbox"/> No Yes: <input type="checkbox"/> Daily <input type="checkbox"/> On Occasion <input type="checkbox"/> In the past	
Medications <input type="checkbox"/> See List Provided			
Eye Issues:		Skin:	
Ear, Nose, Throat:		Neurological:	
Cardiovascular:		Psychiatric:	
Respiratory:		Endocrine:	
Genital, Kidney, Bladder:		A1C/Glucometry:	Taken:
Muscles, Bones, Joints:		Hematologic/Lymphatic:	
Gastrointestinal:		Allergic/Immunologic:	
Other:			
Family History of: <input type="checkbox"/> AMD <input type="checkbox"/> Cataracts <input type="checkbox"/> Glaucoma <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Other <input type="checkbox"/> Unknown History Mark all that apply			

Contact Lenses

Insurance may not cover the fees associated with the contact lens evaluation, which is required annually for contact lens wearers. However, services may be offered for a co-payment or discounted rate.

I am interested in trying contact lenses for the first time

Current Contact Lens Wearers: Do you experience any of the following? Check all that apply

Dryness Foggy/blurred vision Overall discomfort Use re-wetting drops Sleep in lenses

Are you interested in: Daily disposable lenses Colored contacts Multi-focal options

Lifestyle Questions

Check all that apply

Work on computers? If yes, # of hours/day # of monitors

Use mobile devices? If yes, # of hours/day

Do you have computer occupational glasses? Yes No

Do you have protective sunwear? Yes No

Hobbies

Archery/Shooting Boating/Fishing Swimming Motorcycle/Bicycle Sewing/Needlework

Yard Work/Gardening Video Games Musical Instrument Other: