

PATIENT HISTORY FORM

Name _____ Birth Date _____ Age _____ Today's date _____ / _____ / _____

Address _____ City _____ State _____ Zip _____

Phone (Home or Cell) _____ (Work) _____ Occupation _____

Email: _____ (To send recall reminders, and latest eye care & office news)

Insurance _____ How did you hear about us specifically? Friend / Relative Other Wal-Mart Vision Center Walked by Mailing Phone book Previous patient Other: _____

Date of your last eye exam (approximate) _____ By whom _____

Reason for exam today _____ Are you interested in contact lenses? yes no

Have you worn contacts? None Disposable Toric Rigid Gas Permeable Extended wear

LIST ALL YOUR MEDICATIONS (including aspirin, birth control, over-the-counter):

CHECK (X) the boxes that apply to you or your **immediate family members** concerning the following:

YOU RELATIVE RELATIONSHIP TO YOU

Diabetes			
High blood pressure			
Heart problems			
Respiratory / Asthma			
Thyroid			
Arthritis			
Recent illness			
Hospitalization in last two years			
Allergies (including medications)			
Headaches			
Surgery			
Pregnant in last 12 months			

“The eye is the window through which the optometrist views to detect general and specific health conditions.”

YOU RELATIVE RELATIONSHIP TO YOU

Cataracts (clouded lens in eye)			
Glaucoma			
Double vision			
Eye surgery			
Wandering or drifting eye			
Lazy eye (amblyopia)			
Blindness			
Macular degeneration			
Retinal detachment			
Flashes of light or black spots			
Blurry at distance with glasses on			
Eye injury			
Eye infections in the last year			
Difficulty with night vision			
Bothered by sun or bright lights			
Trouble with glare			
Eyes burn, itch or water frequently			
Use any kind of eye drops			
Work on a computer terminal			

A child may see clearly (20/20) at chalkboard distance but may suffer symptoms of visual stress (blurred vision, eye strain, fatigue, or headaches) while reading due to focusing or eye teaming problems. These reduce visual attention, comprehension, and general school, work, or sport performance”
SMWrev02/01

***** PLEASE RETURN
FORM TO THE FRONT
OFFICE DESK.**

Thank you for completing this form. --Dr. Wexler and Staff