

Patient Name: Last						First_						MI	Saluta	ation_		
Address Work Phone					_ City						State	Zip_				
										'	Cell Phone:					
						eense #:Date of Birth:						Email:				
												Age:	Sex:	M	F	
Employer/School:																_
Medical Doctor's Name												Last Examii				
Spouse/Parent/Guardian Name:							Soc.Se	c.#:		_		DOB	:			
Occupation:					Spouse/Parent/Guardian Employer:											
Occupation:										•						
In Case of Emergency, Contact: Work Phone					e:					_	: Cell Phone:					
Whom can we thank for	referrir	ng you	to our	office	?						_					
	т	771			ase list all in							Secondary	Modi	laal a	u Wists	Tw
	-	Vis	ion In	surar	1CE	P	rimar	y ivrea	ical Ins	urance		Secondary	Medi	Cai O	r visio	n ins.
Ins. Co. Name	-				_											
Insured's Name	<u> </u>					ļ.—-									_	
Identification No.						<u> </u>										
Group No.					. <u></u>											
Insured's DOB																
Insured's SS#																
Relation to Insured																
					EYE	GLAS	S HIS	TOR	Y						-	
Do you wear glasses? Computer Use		Yes Yes		No No	Hours per		Γime		Time 	-		Distance n computer		-		:le)
Glasses owned (please circle) Any problems with nigh Do you wear sunglasses Are your sunglasses with	Progret t vision	or glar	e?		Bifocals Trifocals				Glasses Glasses No No No			Sunglasses Computer				
What would you like to Would you like to be ev							criptio	n?	Yes		No					
					CONTA	CT L	ENS I	HISTO	ORY							
Do you currently wear of Have you ever worn cor Do you have back up gla	itact len asses wi	ses bef th the c	correct	-	cription?		Yes Yes Yes		No No No	Reaso	n for	stopping:				
Answer only if you curre					Ext Wear	Со	lor			Brand:						
What type? Rigid Gas How old are your cur			So	11	EXI WEAL	Co		How o	sten do			hem?				_
What solution do you									ey comf					Ye	s 🔲	No

## **MEDICAL HISTORY**

Note: Any category lef	it Dialik Will De	taken as a	140 Les	ponse.								
EYE HISTORY blurred vision	Do you have at	ny of the fol	llowing?		excess tearing			П	Yes	П	No	
double vision	<u>=</u>	□ No			loss of side visi	ion		H	Yes	ī	No	
headaches		□ No			dry eyes				Yes		No	
floaters/flashes	_	☐ No			itching				Yes		No	
Do you or anyone in you		Family	None	Lict any me	dications / herba	ls / ox	er the	counte	r drug	s vou :	are tak	ing:
Cataracts				List any me	dications / neroa	113 / 01		- Courte	<u> </u>	,o		
Glaucoma	ö	ā										
Macular Degeneration												
Retinal Detachment												
Crossed/"lazy" eye	0000			Ì								
Diabetes	片											<del></del> -
High Blood Pressure Color Blindness	H											
	_	_	_									
Allergies to Medications		☐ Yes	□ No		ain							<del></del>
Any surgeries or major i		☐ Yes	□ No	If yes, expla	ain						_	
Are you pregnant and/or	r nursing?	☐ Yes	□ No									
SOCIAL HISTORY	This information	n is kept strice	tly confider	ntial, but is reg	uired by some ins	urance	plans.	You m	ay disc	cuss this	5	
	with the doctor			•	If yes to any, ex							
Do you use tobacco prod		☐ Yes		0								
Do you use illegal drugs	s?	☐ Yes		0								
Do you drink alcohol?		☐ Yes		0								
Have you been exposed	to or infected w	vith:	Gonorri	hea	☐ Hepatitis	Į.	☐ HIV	,		☐ Syp	hilis	
		_			-	·	<del></del>					
REVIEW OF SYST	EMS M	lany disease	s of the bo		☐ Hepatitis	·	<del></del>					
REVIEW OF SYST	EMS Many of the follow	Many discase	s of the bo		-	·	<del></del>					
REVIEW OF SYST	EMS Many of the followected weight lo	Many disease ving problen oss/gain, fa	es of the boars?	ody have eye	-	·	Please		r the fo			
REVIEW OF SYST Do you currently have a Chronic fever, unexper Ear/nose/throat	EMS Many of the followected weight lo	Many disease ving problen oss/gain, fa oss, sinus pr	es of the books? htigue? hoblems, so	ody have eye	health conseque	·	Please a		r the fo			
REVIEW OF SYST Do you currently have a Chronic fever, unexper Ear/nose/throat	EMS Many of the followected weight loger (e.g. hearing loger) (chest pain, irr	Many disease ving problen oss/gain, fa oss, sinus pr regular beat,	es of the books?  tigue?  oblems, so	ody have eye ore throat) Geet, cold hand	health conseque	nces. 1	Please a Yes Yes	answer	r the fo No No			
REVIEW OF SYST Do you currently have a Chronic fever, unexper Ear/nose/throat	EMS Many of the followected weight lo	Many disease ving problen oss/gain, fa oss, sinus pregular beat, oreath, whee	es of the books?  tigue?  oblems, so  swollen f	ody have eye ore throat) eet, cold hand	health conseque	nces. I	Yes Yes Yes Yes	answer	n the for No No No			
REVIEW OF SYST Do you currently have a Chronic fever, unexper Ear/nose/throat Heart Respiratory	EMS Many of the followected weight log (e.g. hearing log (chest pain, irrogshortness of both contracts	Many disease ving problem oss/gain, fa oss, sinus pregular beat, oreath, whee dominal pain	es of the books?  Itigue?  Toblems, so swollen for zing, cough, diarrhead	ody have eye ore throat) eet, cold hand	health conseque	nces. 1	Yes Yes Yes Yes Yes	answer	r the for No No No No No			
REVIEW OF SYST  Do you currently have a Chronic fever, unexper Ear/nose/throat Heart Respiratory Gastrointestinal	EMS Many of the followected weight log (e.g. hearing log (chest pain, irr (shortness of both (heartburn, aboth shortness)	Many disease ving problem oss/gain, fa oss, sinus pregular beat, oreath, whee dominal paintion, blood in	es of the books?  tigue?  oblems, so  swollen f  zing, coug  n, diarrhea  n urine)	ody have eye ore throat) eet, cold hand ghing) a, vomiting)	health conseque	nces. 1	Yes Yes Yes Yes Yes Yes Yes Yes	answer	No No No No No No			
REVIEW OF SYST Do you currently have a Chronic fever, unexper Ear/nose/throat Heart Respiratory Gastrointestinal Genitourinary	EMS Many of the followected weight log (e.g. hearing log (chest pain, irr (shortness of both (heartburn, aboth (painful urinat	Many disease ving problem oss/gain, fa oss, sinus pregular beat, oreath, whee dominal paintion, blood in joint pain,	es of the books?  oblems, so swollen for cough, cough, diarrhean urine)  swollen jo	ody have eye ore throat) eet, cold hand ghing) a, vomiting)	health conseque	nces. I	Yes Yes Yes Yes Yes Yes Yes Yes Yes	answer	No No No No No No No			
REVIEW OF SYST  Do you currently have a Chronic fever, unexper Ear/nose/throat Heart Respiratory Gastrointestinal Genitourinary Musculoskeletal	EMS Many of the followected weight log (e.g. hearing log (chest pain, irr (shortness of both (heartburn, aboth (painful urinate (muscle aches,	Many disease ving problem oss/gain, fa oss, sinus pregular beat, oreath, whee dominal paintion, blood in joint pain, sive dryness	es of the books?  tigue?  toblems, so  swollen for  zing, cough  n, diarrhea  n urine)  swollen jo  growths	ody have eye ore throat) Get, cold hand ghing) a, vomiting) oints) or lumps)	health conseque	nces. I	Yes	answer	No No No No No No No No			
REVIEW OF SYST Do you currently have a Chronic fever, unexper Ear/nose/throat Heart Respiratory Gastrointestinal Genitourinary Musculoskeletal Skin	EMS Many of the followected weight loger (e.g. hearing loger (chest pain, irrespondent of the following the follow	Many disease ving problem oss/gain, fa oss, sinus pregular beat, oreath, whee dominal paintion, blood in joint pain, sive dryness eakness, hea	es of the books?  tigue?  toblems, so  swollen for  zing, cough  n, diarrhea  n urine)  swollen jo  growths	ody have eye ore throat) Get, cold hand ghing) a, vomiting) oints) or lumps)	health conseque	nces. I	Yes	answer	No			
REVIEW OF SYSTI  Do you currently have a Chronic fever, unexper Ear/nose/throat Heart Respiratory Gastrointestinal Genitourinary Musculoskeletal Skin Neurological	EMS Many of the followected weight love (e.g. hearing love) (chest pain, irrespectively) (shortness of both (heartburn, aboth (painful urinate (muscle aches, (rashes, excesse (numbness, weight))	Many disease ving problem oss/gain, fa oss, sinus pregular beat, oreath, whee dominal paintion, blood in joint pain, sive dryness eakness, heanxiety)	es of the books?  tigue?  oblems, so  swollen f  zing, coug  n, diarrhea  n urine)  swollen jo  growths  daches, "b	ody have eye ore throat) Get, cold hand ghing) a, vomiting) oints) or lumps) olackouts")	health consequent	nces. 1	Yes	answer	r the for No			
REVIEW OF SYST  Do you currently have a Chronic fever, unexper Ear/nose/throat Heart Respiratory Gastrointestinal Genitourinary Musculoskeletal Skin Neurological Psychiatric	EMS Many of the followected weight located weight located (e.g. hearing located (chest pain, irrogenerated (shortness of both the following (painful urinat (muscle aches (rashes, excess (numbness, we (depression, and and the following (from the f	Many disease ving problem oss/gain, fa oss, sinus pregular beat, oreath, whee dominal paintion, blood in, joint pain, sive dryness eakness, heanxiety) ation, thirst,	es of the books?  tigue?  oblems, so swollen for zing, cough, diarrhean urine)  swollen jo growths daches, "to feeling ho	ody have eye ore throat) Geet, cold hand ghing) a, vomiting) oints) or lumps) olackouts")	health consequents  ds/feet)	nces. 1	Yes	answer	r the for No			
REVIEW OF SYSTI  Do you currently have a Chronic fever, unexper Ear/nose/throat Heart Respiratory Gastrointestinal Genitourinary Musculoskeletal Skin Neurological Psychiatric Endocrine	EMS Many of the followected weight lot (e.g. hearing lot (chest pain, irrespondent of the following	Many disease ving problem oss/gain, fa oss, sinus pregular beat, oreath, whee dominal paintion, blood in joint pain, sive dryness eakness, hea nxiety) ation, thirst, akness, unus	es of the books?  oblems, so swollen for the cough, cough, cough, cough, cough, diarrher, growths, daches, "to feeling he cough palene	ore throat) Geet, cold hand ghing) a, vomiting) oints) or lumps) olackouts") ot or cold all these, swollen gl	health consequents  ds/feet)  the time)  lands)	nces. 1	Yes	answer	r the for No			
REVIEW OF SYST  Do you currently have a Chronic fever, unexpect Ear/nose/throat Heart Respiratory Gastrointestinal Genitourinary Musculoskeletal Skin Neurological Psychiatric Endocrine Blood/Lymph Allergy/Immune	EMS  any of the followected weight leader the company of the followected weight leader the company of the arrival of the company of the compa	Many disease ving problem oss/gain, fa oss, sinus pregular beat, oreath, whee dominal paintion, blood in joint pain, sive dryness eakness, hea nxiety) ation, thirst, akness, unust ctions, allergeness	es of the books?  Itigue?  Toblems, so swollen for zing, cought, diarrhead in urine)  Swollen journed, growths daches, "to growths daches in urine in the growth in urine in urine).	ody have eye ore throat) Get, cold hand ghing) a, vomiting) oints) or lumps) olackouts") ot or cold all tess, swollen glen to food, due	health consequent ds/feet) the time) lands) st, pollen)	nces. 1	Yes		r the for No	ollowin	ng:	
REVIEW OF SYST  Do you currently have a Chronic fever, unexpect Ear/nose/throat Heart Respiratory Gastrointestinal Genitourinary Musculoskeletal Skin Neurological Psychiatric Endocrine Blood/Lymph Allergy/Immune Authorization release:	EMS Many of the followected weight love the followected with the followected weight love the followected with the followected wi	Many disease ving problem oss/gain, fa oss, sinus pregular beat, oreath, whee dominal paintion, blood in, joint pain, sive dryness eakness, hea nxiety) ation, thirst, akness, unuse ctions, allergeize my insur	es of the books?  atigue?  oblems, so swollen for zing, cought, diarrhean urine)  swollen jo growths daches, "to growths daches, "to growth and palene gic reaction rance bene	ody have eye ore throat) feet, cold hand ghing) a, vomiting) oints) or lumps) olackouts") ot or cold all tess, swollen glen to food, due	health consequent ds/feet) the time) lands) st, pollen) d directly to Eye	nces. 1	Yes	answer	r the for No	ollowir	ng:	
REVIEW OF SYST  Do you currently have a Chronic fever, unexpect Ear/nose/throat Heart Respiratory Gastrointestinal Genitourinary Musculoskeletal Skin Neurological Psychiatric Endocrine Blood/Lymph Allergy/Immune	EMS  any of the followed the followed weight look (e.g. hearing look (chest pain, irrogeneration) (shortness of both (heartburn, aboth (painful urinate (muscle aches, (rashes, excessed (numbness, wood (depression, and (frequent urinate (bruising, weak (frequent infectible for all chamber of the following the for all chamber of the following the for all chamber of the following the followin	Many disease ving problem oss/gain, fa oss, sinus pregular beat, oreath, whee dominal paintion, blood in joint pain, sive dryness eakness, hea nxiety) ation, thirst, ikness, unustions, allergerize my insurges whether	es of the books?  Itigue?  oblems, so swollen for swollen for it in the swollen for it i	ody have eye ore throat) feet, cold hand ghing) a, vomiting) oints) or lumps) ot or cold all tess, swollen glen to food, due efits to be paid	the time) lands) st, pollen) d directly to Eye rance. I authori	Care ze the	Yes	enswer	r the for No	ollowir realize	ng: ze I	
REVIEW OF SYST  Do you currently have a Chronic fever, unexpect Ear/nose/throat Heart Respiratory Gastrointestinal Genitourinary Musculoskeletal Skin Neurological Psychiatric Endocrine Blood/Lymph Allergy/Immune Authorization release: am financially respons	EMS  any of the followed the followed weight look (e.g. hearing look (chest pain, irrogeneration) (shortness of both (heartburn, aboth (painful urinate (muscle aches, (rashes, excessed (numbness, wood (depression, and (frequent urinate (bruising, weak (frequent infectible for all chamber of the following the for all chamber of the following the for all chamber of the following the followin	Many disease ving problem oss/gain, fa oss, sinus pregular beat, oreath, whee dominal paintion, blood in joint pain, sive dryness eakness, hea nxiety) ation, thirst, ikness, unustions, allergerize my insurges whether	es of the books?  Itigue?  oblems, so swollen for swollen for it in the swollen for it i	ody have eye ore throat) feet, cold hand ghing) a, vomiting) oints) or lumps) ot or cold all tess, swollen glen to food, due efits to be paid	the time) lands) st, pollen) d directly to Eye rance. I authori	Care ze the	Yes	enswer	r the for No	ollowir	ng: ze I	Date