

Welcome to our office. Please fill out this patient history form:

Last Name: _____ First Name: _____ MI: _____ Gender: M F
 Address: _____ City: _____ State: _____ ZIP: _____ SSN: _____
 Date of Birth: _____ Age: _____ Home Phone: _____ Work Phone: _____
 Parent/Guardian (for minor): _____
 Who recommended or referred you? _____
 Is anyone in your family a patient here? (please list): _____

Employer/School: _____ Occupation: _____
 Medical Insurance: _____ ID#: _____
 Vision Insurance: _____ ID#: _____

Medical Information

Do you consume alcohol? Yes/No If yes, how many drinks per week? _____
 Do you smoke cigarettes? Yes/No If yes, how many packs per day? _____ Are you pregnant or nursing? Yes/No

Have you been diagnosed with problems with any of these systems?

Gastrointestinal	Yes/No	Nervous	Yes/No	Endocrine (glands)	Yes/No
Ears/Nose/Throat	Yes/No	Urinary	Yes/No	Blood/Lymph	Yes/No
Cardiovascular	Yes/No	Muscles/Bones	Yes/No	Allergic/Immunologic	Yes/No
Respiratory	Yes/No	Integumentary (skin)	Yes/No	Headaches	Yes/No
Mental	Yes/No	High Blood Pressure	Yes/No		

Please explain: _____

Are you diabetic? Yes/No Date of Diabetes Diagnosis: _____

Other health problems: _____

Current medication(s): _____

Are you allergic to any medications? Yes/No Please list: _____

Personal Eye Information

Do you presently wear glasses? Yes/No Contact lenses? Yes/No Date of Last Eye Exam: _____

Do you have any eye conditions or problems? Yes/No What kind? _____

Have you had any eye injuries or operations? Yes/No Please describe: _____

Please circle if you have any of the following:

Macular Degeneration	Yes/No	Glaucoma	Yes/No
Retinal detachment	Yes/No	Cataracts	Yes/No

Family History

Diabetes: Yes/No Relation _____ Macular degeneration: Yes/No Relation _____

Glaucoma: Yes/No Relation _____ Retinal detachment: Yes/No Relation _____

Payment is requested when services are rendered.

Method of Payment: Cash _____ Check _____ Credit Card _____

On accounts referred to collection, reasonable collection fees will be paid by responsible party.

Please sign: _____ Date: _____