



PATIENT PERSONAL INFORMATION

DATE: _____

Name _____
 Address _____
 City _____ St. _____ Zip _____
 Home # _____ Work # _____
 Cell # _____ SS# _____
 E-mail _____
 School (Grade) _____
 Occupation (employer) _____
 D.O.B. _____ Age _____ Sex: M _____ F _____
 What's the purpose of this visit? _____

 Any problems now with glasses or contacts? _____

 Do you plan on purchasing new eyewear? _____
 Spouse/Parent Name _____
 Spouse/Parent Work # _____
 Insurance carrier employer _____

DO YOU EXPERIENCE...

___ Burning	___ Loss of vision
___ Itching	___ Sensitive to light
___ Nausea	___ Faint/Dizziness
___ Watery eyes	___ Flashes of light
___ Tearing	___ Blurry near vision
___ Dryness	___ Blurry distant vision
___ Floating Objects	___ Gritty feeling
___ Glare/Reflection	___ Trouble at night
___ Seeing spots	___ Reading problems
___ Soreness	___ Trouble w/ glasses
___ Headaches	___ Trouble w/ contacts
___ Redness	___ Other
___ Double vision	

How will you settle your account today?

- Vision Insurance _____
- Check/Cash _____
- Credit Card _____

Person responsible for billing if not same as above?

Name _____
 Address _____
 City _____ St. _____ Zip _____
 Home # _____ Work # _____ Cell # _____
 SS# _____ D.O.B. _____

How did you hear about our office?

___ Friend/Relative referred you?
 Who can we reward? _____
 ___ Another Practitioner?
 Which one? _____
 ___ Yellow Pages/Newspaper/Radio/TV? _____
 ___ Civic Group/Community Event? _____

DO YOU: Y=YES N=NO

Work on a computer majority of the time? _____
 Have more than 1 pair of glasses? _____
 Want thinner, lighter lenses? _____
 Wear Bifocals/Trifocals? _____
 If so, are you bothered by head tilting, restricted area of vision, poor focus, etc? _____
 Always wear glasses? _____
 Spend a lot of time outdoors? _____
 Have prescription sunglasses? _____
 Have family members in need of eye care? _____
 Have you ever worn/are wearing contacts? _____
 If yes, what kind? _____
 Solution used? _____
 If no, are you interested in contact lenses? _____

PLEASE COMPLETE REVERSE SIDE...