

Today's Date: _____



Patient Name: _____

Birthdate: _____

Patient History and Information

Primary Care Physician: _____ Physician Phone: _____

Physician Address: _____

Today's Visit

Complaint (main reason for today's visit): _____ Which eye (circle)
Left / Right / Both

Onset (when did it start?) _____ Duration (how long does it last?) _____ Timing (how often does it occur?) _____

Context (when do you notice it?) _____ How Severe? _____ Modifying Factors (What makes it feel better?) _____

Do you currently experience: Blurred vision Night blur Double vision Itchiness Tearing Secretion
Redness Pain Tired eyes Squinting Light flashes Floating spots
Eye strain Dizziness Eye injury(ies) Dry Eyes Light sensitivity
Have you ever: Use tobacco Drink alcohol Use narcotics

Medical and Eye History

Any of the following conditions?	Self	Family	which family member?
Age Related Macular Degeneration	Y N	Y N	
Glaucoma	Y N	Y N	
Amblyopia / Strabismus / Lazy Eye	Y N	Y N	
Retinal Disease	Y N	Y N	
Cataracts	Y N	Y N	
High Cholesterol	Y N	Y N	
Cancer	Y N	Y N	
Diabetes	Y N	Y N	
High Blood Pressure	Y N	Y N	
Hyper or Hypothyroidism (please circle which)	Y N	Y N	
Heart Disease	Y N	Y N	
Sleep Apnea	Y N	Y N	
Psychiatric	Y N	Y N	
Other	Y N	Y N	

Your History

Last Eye Exam: _____ Eye Surgeries? Y N Headaches? Y N
What / When / Where? _____ When/How often? _____

Pregnant? Y N Interested in Laser Vision Interested in Ortho-K
Nursing? Y N correction (LASIK) Y N Y N

List all current medications (including vitamins)

Allergies to food or medications:

Do you have any special needs our office should know about?

Contact Lenses

Do you ever wear Contact Lenses? Y N Are you interested in Contact Lenses? Y N How often do you wear Contact Lenses? Daily / 1-2x WK / 1-2x MO

Current Contact Lenses (Circle) Disposable / Bifocal / RGP / Hybrid / other How often do you replace your contact lenses?

Wear time today: _____ Average wear time: _____ Performance (do they work well?)
Do you rub your contact lenses when cleaning them?

Solutions:

Please note: there is an additional fee associated with a contact lens exam

