

**PATIENT INFORMATION**

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M or F

Name Preference: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Reason for Today's exam \_\_\_\_\_ Are you Pregnant? Y / N Nursing? Y / N

Occupation: \_\_\_\_\_ Hobbies: \_\_\_\_\_

Medical (check & list)	Self	Medications - List Names	Relative [List Relationship]
Diabetes [ Type 1 / Type 2 ]			
High Blood Pressure			
Cholesterol			
Heart Disease			
ADHD			
Alzheimer's			
Arthritis			
Asthma			
Autism / Asperger's			
Behavioral / Psychiatric			
Cancer (list type)			
Headaches / Migraines			
Herpes / Shingles			
HIV / AIDS			
Seizures			
Thyroid [ Hyper / Hypo ]			
<b>Other Not Listed</b>			
<b>Allergies to Medications?</b>			

Ocular (check & list)	Self	Medications - List Names	Relative [List Relationship]
Glaucoma			
Macular Degeneration			
Dry Eye			
Eye Surgery / Lasik			
Eye Allergies			
<b>Other Not Listed</b>			

Do you use tobacco products?	NO	YES	If Yes: Type: _____	Amount _____	For How Long _____
Do you drink alcohol?	NO	YES	If Yes: Type: _____	Amount _____	For How Long _____
Do you use illegal drugs?	NO	YES	If Yes: Type: _____	Amount _____	For How Long _____

**Do you currently wear glasses? Y / N / readers**      **Will you be updating your glasses today? Y / N / unsure**  
**Do you wear contacts? Y / N - INTERESTED in contacts or RENEWING your CL Rx today? Y / N - Are you WEARING CONTACTS today? Y / N**

**\*\* Dilation or Optos is REQUIRED for a full health examination and a complete eye exam. \*\***  
 Dilation side effects include light sensitivity and blurred vision for up to 6 hours. **Please CIRCLE one and Sign on both lines below:**

I would like Optos (\$32) / I would like to dilate      Signature \_\_\_\_\_  
 I have read and understood the HIPAA privacy policy provided      Signature \_\_\_\_\_