WELCOME TO OUR OFFICE!

So as to help us give you a thorough examination, please answer the questions about your health and your vision. Consider the problems you may be having while wearing your present prescription.

WHAT ARE THE MAIN REASONS FOR YOUR APPOINTMENT? (PLEASE CHECK)

- ☐ BLURRED VISION AT DISTANCE
- ☐ BLURRED VISION AT NEAR
- ☐ EYES TIRE QUICKLY WHILE READING
- ☐ FREQUENT EYESTRAIN
- ☐ FREQUENT HEADACHES
- ☐ WORDS RUN TOGETHER WHEN READING
- ☐ DOUBLE VISION
- ☐ ONE EYE TURNS IN OR OUT
- ☐ TROUBLE SEEING AT NIGHT
- ☐ HALOES SEEN AROUND LIGHTS AT NIGHT
- ☐ UNEXPLAINED FLASHES OF LIGHT
- ☐ CURTAINS COMING DOWN UPON MY VISION
- ☐ FIXED OR FLOATING SPOTS IN VISION
- ☐ EYELIDS MATTED SHUT UPON AWAKENING
- ☐ DRY EYES
- ☐ WATERING EYES
- ☐ RED EYES
- ☐ BURNING EYES
- ☐ ITCHY EYES
- ☐ FOREIGN MATTER IN EYES
- ☐ PAIN WITH EYES
- ☐ PAIN WITH BRIGHT LIGHT
- ☐ DISCOMFORT WITH CONTACT LENS
- ☐ NIGHT BLINDNESS
- ☐ TROUBLE DETERMINING COLORS
- ☐ FREQUENT BUMPING INTO OBJECTS
- ☐ ROUTINE VISION EXAM
- ☐ OTHER______________________________

CHECK ANY MEDICAL CONDITIONS THAT APPLY TO YOU

- ☐ DIABETES
- ☐ ASTHMA
- ☐ HIGH BLOOD PRESSURE
- ☐ HEART DISEASE
- ☐ VASCULAR DISEASE
- ☐ LUNG DISEASE/TUBERCULOSIS
- ☐ THYROID DISEASE
- ☐ CANCER
- ☐ SEIZURES
- ☐ ARTHRITIS
- ☐ OTHER; PLEASE LIST____
- ☐ HIV positive or AIDS (Acquired Immune Deficiency Syndrome) since________

CHECK ANY EYE CONDITIONS THAT APPLY TO YOU

- ☐ GLAUCOMA
- ☐ EYE INJURY; DESCRIBE____
- ☐ CATARACTS
- ☐ EYE SURGERY; DESCRIBE____
- ☐ TURNED EYES
- ☐ OTHER; DESCRIBE____

CHECK CONDITIONS THAT ARE PRESENT IN OTHER FAMILY MEMBERS

- ☐ GLAUCOMA
- ☐ TURNED EYES
- ☐ CATARACTS
- ☐ DIABETES
- ☐ HYPERTENSION
- ☐ ANY RELATIVE GO BLIND

PLEASE LIST THE FOLLOWING

CURRENT MEDICATIONS:____

ALLERGIES TO MEDICATIONS:____

OTHER ALLERGIES (such as pollen, dander, etc):____

EYEGLASSES & CONTACT LENS

What problems do you have with your glasses? ☐ Appearance ☐ Inconvenient ☐ Lenses Scratched ☐ Lost ☐ Lenses Fog up ☐ Damaged ☐ Reflections bothersome ☐ Lenses Thick or Heavy ☐ Lenses get Dirty ☐ Frames Obstruct Vision ☐ Slip Down on Nose ☐ Hurts Nose or Ears ☐ Makes Marks on Nose

☐ I am interested in contact lenses.

☐ I currently wear contact lenses. Brand of contacts:______________ Any problems with them?________________________________