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: ☐ Type 1 ☐ Type 2
  Most recent A1C:_____
  Managing Dr:_____
- ☐ HEART DISEASE
- ☐ THYROID DISEASE
- ☐ AUTOIMMUNE DISEASE: _____
- ☐ HIV positive since_____
- ☐ ASTHMA
- ☐ VASCULAR DISEASE
- ☐ CANCER: _____
- ☐ HIGH BLOOD PRESSURE
- ☐ LUNG DISEASE: _____
- ☐ SEIZURES
- ☐ ARE YOU TAKING ANY OF THE FOLLOWING MEDICATIONS:

	Yes	No
Plaquenil/Hydroxychloroquine	☐	☐
Soltamox/Tamoxifen	☐	☐
Myambutol/Ethambutol	☐	☐
Flomax/Tamsulosin	☐	☐

- ☐ OTHER; PLEASE LIST_____

CHECK ANY EYE CONDITIONS THAT APPLY TO YOU

- ☐ GLAUCOMA
- ☐ CATARACTS
- ☐ TURNED EYES
- ☐ MACULAR DEGENERATION: ☐ WET ☐ DRY
- ☐ EYE INJURY; DESCRIBE_____
- ☐ EYE SURGERY; DESCRIBE_____
- ☐ OTHER; DESCRIBE_____

CHECK CONDITIONS THAT ARE PRESENT IN OTHER FAMILY MEMBERS

- ☐ GLAUCOMA
- ☐ DIABETES
- ☐ MACULAR DEGENERATION
- ☐ TURNED EYES
- ☐ HYPERTENSION
- ☐ CATARACTS
- ☐ 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 have never worn contacts, but am interested in them.
- ☐ I am a former contact lens wearer & am wanting to be fit in contacts again. Former brand of contacts: _____
- ☐ I currently wear contact lenses. Current contact brand & prescription:_____
  Any problems with them?_____