

## WELCOME TO OUR OFFICE

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Social Security # \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

List any family members that are patients at our office \_\_\_\_\_

### General Health History

Approximate date of last physical \_\_\_\_\_

Name of Doctor \_\_\_\_\_

### Eye Care History

Approximate date of last eye exam \_\_\_\_\_

Name of Doctor \_\_\_\_\_

Do you or any member of your family have a history of the following? If so, who?

High Blood Pressure \_\_\_\_\_ Glaucoma \_\_\_\_\_

Diabetes \_\_\_\_\_ Cataracts \_\_\_\_\_

Headaches \_\_\_\_\_ Eye Surgery \_\_\_\_\_

Eye Infection \_\_\_\_\_ Eye Injury \_\_\_\_\_

List any medications that you are taking now: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

*Our office believes in the importance of performing a **comprehensive exam** on most new patients and certain high-risk patients; this involves using drops to dilate the pupils and allows a much greater area of the retina to be examined. Some diseases such as early retinal changes caused by diabetes will only be discovered during a dilated exam.*

*A **basic exam without dilation** can still be sufficient to rule out many common diseases of the eyes such as cataracts and ocular hypertension. There is a slight difference in price between the basic and comprehensive exams. The doctor will determine which of these exams is appropriate for your needs and discuss this with you. Please don't hesitate to ask questions if you have them.*

PLEASE NOTE: All fees paid for professional services are non-refundable.

Signature of patient/legal guardian \_\_\_\_\_

Date \_\_\_\_\_