PATIENT INFORMATION

Last Name: ______________________________________ **First Name**: ___________________________________ **M** or **F**

Name Preference: ___________________________ **DOB**: ________/______/_________ **SSN**: ________ -______ -__________

Address: ____ **City** ________________________ **ST** _________ **Zip** ____________

Cell Ph # (_____) _______-________ **Home Ph #** (_____) ______-________ **Communication Preference**: Phone / Text / Email

Email ____ ___________ Primary Care Physician: ____________________________

Race: _____________ Ethnicity: ____________ Preferred Language: _________________ **Height**: ________**Weight:** ________

Reason for Today's exam ____ Are you Pregnant? ______ Nursing? ________

Medical (check & list)	Self	Medications - List Names	Relative - List Relationship
Diabetes			
High Blood Pressure			
Cholesterol			
Heart Disease			
Arthritis			
Thyroid			
Autism / Aspergers			
Behavioral / Psychiatric			
ADHD			
Asthma			
Headaches / Migraines / Seizures			
Herpes / Shingles			
HIV / AIDS			
Alzheimer's			
Cancer (list type)			
Other not Listed			
Allergies to Medications?			

Ocular (check & list)	Self	Medications - List Names	Relative - List Relationship
Glaucoma			
Dry Eye			
Eye Surgery			
Eye Allergies			

Do you use tobacco products? NO YES If Yes: Type: _______________ Amount ______________ How Long __________
Do you drink alcohol? NO YES If Yes: Type: _______________ Amount ______________ How Long __________
Do you use illegal drugs? NO YES If Yes: Type: _______________ Amount ______________ How Long __________

Do you currently wear glasses? Y or N Do you wear contacts? Y or N or INTERESTED IN THEM? Y or N

Dilation or Optos is required for a full health examination.
-Dilation side effects include light sensitivity and blurred vision for up to 6 hours. **Please *Circle* and Sign Below:**

Yes, I would like Optos ($32) / No, I would like to dilate **Signature** ___________________________________

I have read and understood the HIPAA privacy policy provided **Signature** ___________________________________

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