PATIENT NAME: _____ AGE: _____ DOB: _____

Your insurance requires us to review this information with you. Please fill out completely if you are using your insurance as part of your payment for your visit today.

What problem or concern brings you to our office?

Do you want a routine vision exam? YES NO

Date of your last routine vision exam:

**** Routine vision is not covered by Medicare or many other standard medical plans. Let us know if you have a vision benefit, we do take several vision plans**

PRIMARY CARE DOCTOR:

LIST CURRENT MEDICATIONS, INCLUDING VITAMINS AND EYE DROPS		
MEDICATION	STRENGTH (MG, CC)	DOSAGE (TIMES PER DAY)
1.		
2.		
3.		
ADDITIONAL SPACE PROVIDED ON BACK		

LIST PAST MEDICAL HISTORY; ILLNESSES, HOSPITALIZATION, SURGERY	
DATE:	SERIOUS ILLNESS, HOSPITALIZATION, SURGERY
ADDITIONAL SPACE PROVIDED ON BACK	

ARE YOU ALLERGIC TO ANY MEDICATIONS OR MEDICAL DEVICES?	
MEDICATION	REACTION
1.	
2.	
3.	

DO YOU HAVE:				DO ANY OF YOUR FAMILY MEMBERS HAVE:			LIST FAMILY MEMBERS:
Diabetes	YES	NO		Diabetes	YES	NO	
Glaucoma	YES	NO					
Retinal/Macular Problems	YES	NO		Retinal/Macular Problems	YES	NO	
Cataract	YES	NO		Glaucoma	YES	NO	
Lazy Eye	YES	NO					
Other Eye Disease							

REVIEW OF SYSTEMS (must circle either yes or no)						
Do you have….	Unexplained weight loss/gain	YES	NO	Shortness of Breath	YES	NO
	Difficulty hearing	YES	NO	Rash	YES	NO
	Chest pain	YES	NO	Headaches	YES	NO
	Diarrhea	YES	NO	Depression	YES	NO
	Difficulty Urinating	YES	NO	Nausea/vomiting	YES	NO
	Joint pain	YES	NO	Unexplained bruising	YES	NO
	AIDS	YES	NO	Hepatitis	YES	NO
Are you:	Pregnant	YES	NO	Blurry Vision	YES	NO
Social History	Smoker	YES	NO	Alcohol	YES	NO
	Recreational Drug Use	YES	NO			

PATIENT NAME: _____ AGE: _____ DOB: _____

LIST CURRENT MEDICATIONS, INCLUDING VITAMINS AND EYE DROPS		
MEDICATION	**STRENGTH (MG, CC)**	**DOSAGE (TIMES PER DAY)**
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
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22.		
23.		
24.		
25.		
26.		
27.		

LIST PAST MEDICAL HISTORY;	
DATE:	**SERIOUS ILLNESS, HOSPITALIZATION, SURGERY**

Reviewed By: Physician_____
Wesley J. Harnish, MD/Tatiana Hammond, OD/Mary Furgerson, OD