

PATIENT INFORMATION

Name (Please print) \_\_\_\_\_, \_\_\_\_\_ Date: \_\_\_\_\_
Last Name First Name Initial

Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex: M F Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Work Ph \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Home Ph \_\_\_\_\_ Cell ph \_\_\_\_\_ Occupation: \_\_\_\_\_

How did you hear of us? (Please circle) Family/Friend Doctor Passing-by Phonebook Coupon Insurance Other ->

If referred, whom may we thank for the referral? \_\_\_\_\_ Ask about our referral Discount Program

Insurance Name -> \_\_\_\_\_ If Insurance, your Social Security #: \_\_\_\_\_

WHAT IS YOUR REASON FOR VISIT? [ ] Eyeglasses [ ] Contact Lenses [ ] Annual Exam [ ] LASIK [ ] "Pink Eye" [ ] Other \_\_\_\_\_ Last Eye Exam Date: \_\_\_\_\_

PRELIMINARY HISTORY

Please (Check) All of the Following Boxes That Apply

Table with 3 columns: Self, Self, Family member(s)—Relationship? containing various medical conditions like Diabetes, High blood pressure, etc.

EYE HISTORY

Table with 3 columns: Self, Self, Family member(s)—Relationship? containing eye-related conditions like Eye injury, Glaucoma, etc.

KNOWN DRUG or ANY ALLERGY: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

PUPIL DILATION:

Dilation drops enlarge the size of the pupils allowing the Doctor a more thorough examination of your eyes. Dilation can assist in early detection of glaucoma, cataracts, retinal and neurological diseases. We recommend that all our patients receive this procedure, which is an additional \$18.00. Please be advised that dilation will cause your NEAR vision to be blurry for a period of time.

Do you want dilation? ( Please ) Yes \_\_\_ No \_\_\_

CONTACT LENS:

Have you ever worn contact lenses? Yes \_\_\_ No \_\_\_ Hours worn per day \_\_\_\_\_ Last time worn \_\_\_\_\_

Type (Please circle ->) SOFT: Conventional Disposable Frequent-replacement color HARD

METHOD OF PAYMENT Please circle-> Cash Check Credit Debit Insurance Other

If not paying by cash, Texas driver's License # \_\_\_\_\_ \*\*\* NOTE: There is no refund for services rendered \*\*\*