Name:
Account#:

**PATIENT INFORMATION**

Last Name:_____ First Name:_____ MI:_____ Suffix:_____

Home Phone: _(_____)_____ Work: _(_____)_____ Cell:_(_____)_____

Preferred Contact#: ❒ Home ❒ Work ❒ Cell Marital Status: ❒Sing ❒Mar ❒Div ❒Wid ❒Sep

SSN:_____ DOB:_____ Sex: ❒ M ❒ F

Preferred Language: ❒ English ❒ Spanish ❒ Other_____

Street Address/City/State/Zip:_____

Billing Address:_____

Email Address:_____Employer/Occupation:_____

Full Time Resident? ❒ Y ❒ N If No, Other Address:_____

Primary Care Physician:_____ Address:_____

Who Can We Thank For Referring You To Our Practice:

❑ Family/Friend
❑ Social Media
❑ Website
❑ Employer
❑ Insurance
❑ Doctor: _____
❑ Other: _____

**GUARANTOR OR RESPONSIBLE PARTY**: ❒ Self (Patient) ❒ Other (If Patient Is Minor)

*If Other*, Last Name:_____ First Name:_____ MI:_____ Suffix:_____

Home Phone: _(_____)_____ Work: _(_____)_____ Cell:_(_____)_____

DOB:_____Relationship To Patient:_____

**EMERGENCY CONTACT** (Other than telephone number listed above)

Name:_____Relationship To Patient:_____

Home Phone: _(_____)_____ Work: _(_____)_____ Cell:_(_____)_____

**PRIMARY MEDICAL INSURANCE**

Company:_____ID#:_____Group#:_____

Policyholder Name:_____DOB:_____Relationship To Patient:_____

**SECONDARY MEDICAL INSURANCE**

Company:_____ID#:_____Group#:_____

Policyholder Name:_____DOB:_____Relationship To Patient:_____

**VISION INSURANCE**

ID#:_____Group#:_____Policyholder Name:_____

DOB:_____Relationship To Patient:_____

**PATIENT MEDICAL HISTORY** **NAME:**_____ **DATE:**_____

Please check YES or NO if you have or ever had any of the following:

❒ Y ❒ N Cancer - Type_____
❒ Y ❒ N Taken Flomax / Hytrin / Cardura
❒ Y ❒ N High Blood Pressure
❒ Y ❒ N Stroke / CVA
❒ Y ❒ N Heart Disease / Murmur
❒ Y ❒ N Heart Attack
❒ Y ❒ N Congestive Heart Failure
❒ Y ❒ N Irregular Heartbeat / Palpitations
❒ Y ❒ N Asthma
❒ Y ❒ N COPD
❒ Y ❒ N Migraines
❒ Y ❒ N Arthritis
❒ Y ❒ N Sleep Apnea - Use a CPAP? ❒Y ❒N

❒ Y ❒ N High Cholesterol
❒ Y ❒ N Thyroid Disease
❒ Y ❒ N Diabetes – ❒Oral ❒Diet ❒Insulin
❒ Y ❒ N GERD
❒ Y ❒ N Kidney Disease
❒ Y ❒ N Kidney Stones
❒ Y ❒ N Liver Disease
❒ Y ❒ N Hepatitis – ❒A ❒B ❒C
❒ Y ❒ N Auto-Immune Disease – Type_____
❒ Y ❒ N Infectious Diseases_____
❒ Y ❒ N Dementia / Memory Loss
❒ Y ❒ N MRSA

Have you received a pneumonia vaccine? ❒ Y ❒ N
Have you ever smoked? ❒ Y ❒ N - Do you still smoke? ❒ Y ❒ N
Do you drink alcohol? ❒ Y ❒ N - ❒Daily ❒Occasionally ❒Rarely

**SURGERIES**

Please check the box if you have had any of the surgeries listed below:

❒ No Surgical Procedures
❒ Bypass
❒ Pacemaker
❒ Heart Stints
❒ Knee Replacement
❒ Other: _____
❒ Hip Replacement
❒ Prostate
❒ Colostomy
❒ Mastectomy
❒ Thyroidectomy
❒ Appendectomy
❒ Gallbladder
❒ Back Surgery
❒ Cataract Surgery
❒ LASIK / RK
❒ Retinal Detachment
❒ Cornea Transplant
❒ Glaucoma Procedure
❒ Eyelid Procedure

**OTHER EYE DIAGNOSIS**

Have you been diagnosed with any of the following eye diseases/disorders:

❒ Cataracts
❒ Glaucoma
❒ Macular Degeneration
❒ Diabetic Retinopathy
❒ Corneal Disease
❒ Amblyopia / Lazy Eye
❒ Other_____
❒ Other_____
❒ Other_____

**ALLERGIES**

❒ Yes – Please list below ❒ No Known Allergies Latex Allergy? ❒ Yes ❒ No

| | | | |
|---|---|---|---|
| | | | |
| | | | |

**MEDICATIONS**

Please list any medications you take, prescription or over the counter; You may provide a list if available:

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**FAMILY HISTORY**

Do you have any FAMILY history of: (Mother, Father, Siblings, Grandparents)

Diabetes ❒ Y ❒ N Who:_____
Glaucoma ❒ Y ❒ N Who:_____
Macular Degeneration ❒ Y ❒ N Who: _____
Blindness ❒ Y ❒ N Who: _____
Adopted/Unknown ❒ Y ❒N

## REVIEW OF SYSTEMS

NAME:_____DATE:_____

Please check all that apply to your **current** and **past** health.
Boxes that are not checked will be considered a negative response.

**General / Constitutional**

- ☐ Overall Healthy
- ☐ Weight Loss / Gain
- ☐ Fatigue
- ☐ Fever and Chills
- ☐ Weakness

**Integumentary (Skin)**

- ☐ Skin Cancer
- ☐ Rash
- ☐ Bruising
- ☐ Suspicious growths
- ☐ Itching

**Ears/Nose/Mouth/Throat**

- ☐ Dry Mouth
- ☐ Sinus Pain / Infections
- ☐ Ringing in ears
- ☐ Vertigo
- ☐ Wears hearing aids

**Respiratory**

- ☐ COPD
- ☐ Asthma
- ☐ Emphysema
- ☐ Oxygen use
- ☐ Shortness of Breath

**Cardiovascular**

- ☐ Chest Pain
- ☐ Hypertension
- ☐ Heart attack
- ☐ Heart Surgery
- ☐ Palpitations

**Gastrointestinal**

- ☐ Heartburn / Acid reflux
- ☐ Diverticulitis
- ☐ Nausea
- ☐ Hernia
- ☐ Ulcers

**Musculoskeletal**

- ☐ Arthritis
- ☐ Back pain
- ☐ Swelling of joints
- ☐ Stiffness
- ☐ Muscle pain / joint pain

**Neurological**

- ☐ Memory Loss
- ☐ Headaches
- ☐ Parkinson's disease
- ☐ Seizures
- ☐ Tremors

**Endocrine**

- ☐ Diabetes
- ☐ Hyperthyroidism
- ☐ Hypothyroidism
- ☐ Frequent Urination
- ☐ Excessive thirst

**Psychiatric**

- ☐ Anxiety
- ☐ Depression
- ☐ Stress

**Allergies / Immunological**

- ☐ Allergic reaction to medications
- ☐ Allergic reaction to foods
- ☐ Seasonal / Environmental allergies
- ☐ Autoimmune disease

Other conditions or medical problems not listed?:

_____

_____

_____

**X**_____ _____ **X**_____ _____

Patient Signature Date Parent or Guardian Signature Date

Name:_____Date:_____Acct#:_____

## VISUAL ASSESSMENT FORM AND LIFESTYLE QUESTIONNAIRE

Occupation:_____

Hobbies:_____

Circle the degree of difficulty you have doing the following activities because of your vision.

| **Functional Vision Assessment** | **Circle One** | | | |
|---|---|---|---|---|
| Would you like to be less dependent on glasses?? | Distance | | Near | Both |
| Difficulty seeing street signs or driving (curbs, highway exits, traffic lights, halos/glare in lights) | No | Mild | Moderate | Severe |
| Difficulty seeing TV or movies (faces, numbers, printing) | No | Mild | Moderate | Severe |
| Difficulty reading small print with glasses (books, newspaper, pill bottles, instructions, cell phone) | No | Mild | Moderate | Severe |
| Difficulty performing detailed work (sewing, threading a needle, baiting a hook) | No | Mild | Moderate | Severe |
| Difficulty with personal correspondences (writing checks, reading bills, filling out forms) | No | Mild | Moderate | Severe |
| Difficulty with leisure activities (playing cards, bingo, bowling, golfing) | No | Mild | Moderate | Severe |
| Difficulty functioning around the house (cooking, general household upkeep, stairs, telephone) | No | Mild | Moderate | Severe |
| Difficulty recognizing faces of people (church, grocery store, clubs, other daily activities) | No | Mild | Moderate | Severe |

*Please circle the activities you would prefer to do with less dependence on glasses:*

Reading  Seeing pill bottles  Looking at a menu  Looking at your watch  Using a cell phone

Card or table games  Sewing  Applying makeup  Using a computer

View dashboard of car  Seeing price tags/shelves  Shopping  Bingo  Driving

Playing sports, like golf  Watching TV  Watching live sports  Going to movies  Swimming

**X**_____ _____ **X**_____ _____

Patient Signature  Date  Parent or Guardian Signature  Date

ATTENTION: If you speak English or American Sign Language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Please speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Por favor hable con su proveed

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Bitte sprechen Sie mit Ihrem Provider.

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提 供适当的辅助工具和服务，以无障碍格式提供信息。请与您的提供商联系。

注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費 提供適當的輔助工具與服務，以無障礙格式提供資訊。請與您的提供者聯絡。

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụhỗtrợngôn ngữ.Các hỗtrợdịch vụphù hợp đểcung cấp thông tin theo các định dạng dễtiếp cận cũng được cung cấp miễn phí. Hãy nói chuyện vớinhà cung cấp của bạn.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Veuillez en parler à parlez à votre fournisseur.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Пожалуйста, поговорите со своим провайдером.

تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متوفرة
متاح لك. المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات
التنسيقات التي يمكن الوصول إليها متاحة أيضًا مجانًا. يرجى التحدث إلى مزود الخدمة الخاص بك.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 귀하의 서비스 제공자에게 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Makipag-usap sa iyong provider.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Si prega di parlare con il proprio fornitore.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Tanpri pale ak founisè w la.

ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። እባክዎን አቅራቢዎን ያነጋግሩ።

सावधान: यदि तपाईंनेपाली भाषा बोल्नुहुन्छ भनेतपाईंका लादि दन:शुल्क भादषक सहायता सेवाहरू उपलब्ध छन्। पहुुँचयोग्य ढाुँचाहरूमा जानकारी प्रिान िननउपयुक्त सहायता र सेवाहरू पदन दनिःशुल्क उपलब्ध छन्। कृपया आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

*NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the controlled version published online prevails.*

MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Tafadhali zungumza na mtoa huduma wako.

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。ア クセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための 適切な補助支援やサービスも無料でご利用いただけます。プロバイダーにご相談ください。

توجه: اگر شما فارسی صحبت می کنید، خدمات کمک زبان رایگان در دسترس شما است. خدمات و کمک های کمکی مناسب برای ارائه اطلاعات در قالب های قابل دسترس نیز به صورت رایگان در دسترس شما است. لطفاً با ارائه دهنده خود صحبت کنید.

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Thov nrog koj tus kws kho mob tham.

ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Por favor, fale com seu provedor.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। कृपया अपने प्रदाता से बात करें.।

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Proszę porozmawiać ze swoim dostawcą.

মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে।  আপনার প্রদানকারীর সাথে কথা বলুন।

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ براہ کرم اپنے فراہم کنندہ سے بات کریں۔