Eye/Ocular History

Was your last vision exam here? Y / N If no, where?:_____ When?:_____
If you don't currently wear contacts, are you interested in wearing them? Y / N / Not Sure
Please check all that applies:

__Aching Eyes
__Blindness
__Blur at Far Distance (c, s Rx)
__Blur at Near Distance (c, s Rx)
__Burning Eyes
__Double Vision
__Dry Eyes
__Eye Fatigue/Strain
__Itching Eyes
__Lazy Eye
__Light Sensitivity
__Loss of Vision
__Previous Reaction to Drops
__Previous Vision Therapy
__Red Eye(s)
__Reduced Depth Perception
__Reduced Eye-Hand Coordination
__Seeing Black Floating Spots
__Seeing Flashing Lights
__Turned Eye
__Watering Eye(s)
__Other:_____
_____
_____

Please list any previous eye injuries, surgeries, or diseases and specify when:
Eye Injury: _____
Eye Surgery: _____
Eye Disease: _____

Did you sustain an eye injury at work? Y / N If so, are your eye injuries accident related? Y / N

List below all medications used for eye conditions. (Please include both prescribed and over the counter.)

Meds:	For what condition:
_____	_____
_____	_____
_____	_____

Eyewear Lifestyle Profile

Do you intend to purchase new eyewear today? Y / N / Not Sure
Things that bother you about your current eyewear:

__Bifocal line annoying
__Corrode
__Do not like frame
__Frames too large
__Frames too small
__Lenses scratched
__Lenses too thick
__Needs adjusted frequently
__Not enough reading area
__Sensitive to car lights
__Sensitive to fluorescent lights
__Sensitive to snow
__Sensitive to sun
__Sore on nose/ears
__Slip down
__Tint too dark
__Too heavy
__Other_____
_____

How do you use your eyes while at work/home? Computer___ Desk Work___ Driving___ Reading___ Other_____
Check if you have any of the following: Computer Eyewear__, Eyewear for Glare__, Safety Eyewear ___, Sports Eyewear__, Sunglasses ___, Spare/Backup Eyewear ___, Other _____

Mark or list the following activities you perform:__Art Work

__Baseball/Softball
__Basketball
__Bicycling
__Boating/Fishing
__Card Playing
__Computer
__Contact Sports
__Gardening
__Golf
__Home Workshop
__Jogging/Running
__Motorcycling
__Music
__Needlework/Sewing
__Reading
__Shooting/Hunting
__Skiing
__Soccer
__Swimming/Scuba
__Tennis/Racquetball
__Video Games
__Other_____
_____

I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance of my account for any professional services rendered. I have read all the information on both sides of this sheet and have completed the above answers. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my status or the above information.
Signature _____

_____
_____