



Patient Name
Parent (Guardian) Name
Address
City State Zip Code
Home Cell Work
Email Address
Date of Birth Age Sex M or F
Occupation (or Grade)

Only new patients. How were you referred? (Name)
Yes or No

- Think you could benefit from lighter thinner lenses?
Interest in test driving the latest in contact lens technology?
Spend time outdoors? How much time hr/wk
Do you have prescription sunglasses?
Prefer not to wear glasses at times?
Want information about laser vision correction?
Have more than one pair of glasses in current RX?
Have Children?
Have family member in need of eye care
Any problems with your present contact lenses or glasses?
Do you work at a computer? If so fill the information below.

- Number of computer hours per day
Lighting in the work area-circle all that apply. Overhead Fluorescent, Desktop Lamp, Window Light
Viewing distance in inches from your eye to the screen Keyboard Hard Copy
Where is the computer screen in reference to you eye level? circle one Above Equal to Below

Table with 5 columns: Symptom, None, Mild, Moderate, Severe. Rows include Headaches related to computer use, Overall body fatigue or tiredness, Burning eyes, Computer use blurs distant vision, Dry, tired or sore eyes, Squinting helps at computer, Neck, shoulders or back pain, Double vision, Letters on the screen run together, Driving/night vision worse after computer use.

Insurance Information

Vision Insurance
Subscriber Name
Subscriber SSN
Subscriber Birth Date
Primary Medical Insurance
Subscriber Name
Subscriber SSN
Subscriber Birth Date

Secondary or Supplemental policy? Yes or No If yes list:
Do you participate in a flex spending account? Yes or No
Glasses Examination Contact Lenses Examination

Payment of services is due today. You are responsible for balances not paid by insurance. Please present insurance information before examination. This office complies with HIPPA and you may have a copy of the Notice of Privacy Practice that is posted in the office.

I want a copy Do not want a copy

Signed Date