

ADVANCED FAMILY EYE CARE

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Welcome Back To Our Office

Today's Date _____
Last _____ First _____ MI _____
Street _____
City _____ State _____ Zip _____
Date of Birth _____ Age _____ Sex M _____ F _____
Home Phone _____
Work Phone _____
Cell Phone _____
Employer (or School) _____
Occupation _____
Spouse (or Parent's) Name _____
Spouse (or Parent's) Work _____
E-mail address _____
Can we contact you? Y N

Insurance Information

Vision Insurance: _____
Subscriber Name: _____
Subscriber Social Security Number: _____
Subscriber Birth Date: _____
Primary Medical Insurance: _____
Subscriber Name: _____
Subscriber ID Number (include letters): _____
Subscriber Birth Date: _____

Do you participate in a flex spending account? Yes No

How will you settle your account today?
Check Cash Credit Card

Family Medical/Eye History (Check all that apply)

Is there a family medical history of any of the following?

	Relationship
Blindness	_____
Cataracts	_____
Corneal Problems	_____
Glaucoma	_____
Lazy Eye	_____
Macular Degeneration	_____
Retinal Problems	_____
Diabetes	_____
Heart Disease	_____

The information in this confidential case history form is critical to the evaluation of your vision and health.

Patient Medical History

CURRENT MEDICATIONS (Rx or Over-the-Counter)

(List name of medications including eye drops, vitamins and birth control pills) _____

Allergies to Medications: Yes No
Females: Are you pregnant/nursing? Yes No

Patient Eye History

Have you seen other eye doctors since we saw you last? Y N
If so, who? _____

Do you.....(Check if your answer is yes)
__ Work at a computer?
__ Sometimes experience dry eyes?
__ Think you might benefit from thinner, lighter lenses?
__ Have an interest in a "Test Drive" of the latest contact lens design?
__ Spend time outdoors? (How much?) _____ hrs/week
__ Have prescription sunglasses?
__ Prefer not to wear your glasses at times?
__ Want information on Laser Vision Correction?
__ Have more than 1 pair of current Rx glasses?
__ Have children?
__ Have family members in need of eye care?