Oculus, LLC

Guardian: _____ **Date:**

Name: _____ _____

Address: _____

City, St: _____ **Zip:** _____

Phone(H): _____ **(C):** _____

Date of Birth: _____ **Sex:** ____

Occupation: _____

Vision or Primary Insurance

Ins.: _____ **#:** _____

Insured: _____ **DOB:** _____

Relationship:

Medical or Secondary Insurance

Ins.: _____ **#:** _____

Insured: _____ **DOB:** _____

Relationship:

E-Mail: _____

Contact me by:
☐ Phone ☐ Email ☐ Mail ☐ Text

Referred by (name of friend we can thank)
☐ Friend ☐ Insurance ☐ Phone Book ☐ Other…

Medical Doctor(s):

Approx. Date of Last Eye Exam:

Glasses R-
L-

Contacts R-
L-

Allergies
☐ NKDA
☐ None
☐ Penicillin
☐ Sulfa
☐ Eye drops
☐ Novocain
☐ Seasonal
☐ Codeine
☐ Other…

Current Medicines

Past Medical History

☐ Ambylopia	☐ Eye infections	☐ Lazy eye	☐ Thyroid
☐ Arthritis	☐ Eye injuries	☐ Lupus	☐ Other…
☐ Asthma	☐ Eye Surgery	☐ Macular Degen.	
☐ Autoimmune	☐ Gastrointestinal	☐ Migraine	
☐ Cancer	☐ Glaucoma	☐ MS	
☐ Cataract	☐ Heart Disease	☐ Neurologic	
☐ Crossed eyes	☐ High B.P.	☐ Psychiatric	
☐ Diabetes	☐ Keratoconus	☐ Pregnant/Nursing	
☐ Droopy lid	☐ Kidney	☐ Respiratory	
☐ Ear/Nose	☐ LASIK	☐ Sinus	

Eye wear History (have you ever worn...)

☐ Glasses	☐ No- line	☐ Gas Perm	☐ Disposable
☐ Bifocals	☐ Soft Contacts	☐ Hard	☐ Overnight wear
☐ Trifocals	☐ Toric Soft	☐ Monovision	☐ Other…

Family History (parents, grandparents, siblings)

☐ Blindness	☐ Kidney Disease	☐ High B.P.	☐ Other…
☐ Cataracts	☐ Macular Degen.	☐ Thyroid	
☐ Crossed Eyes	☐ Retina Disease	☐ Glaucoma	
☐ Color Blind	☐ Retina Detach	☐ Cancer	
☐ Diabetes	☐ Heart Disease	☐ None	

Social History

☐ Computer	☐ Student	☐ Tennis	☐ Alcohol Abuse
☐ Reading	☐ Music	☐ Shoot	☐ No alcohol or drug abuse
☐ Smoker	☐ Skiing	☐ Swim	☐ Other…
☐ Smokeless	☐ Golf	☐ Bike	
☐ No Tobacco	☐ Fishing	☐ Drug Abuse	

Current eye problem(s) (please circle the "main" problem)

☐ Blur at Far	☐ Flashes/Floaters	☐ Other…
☐ Blur at Near	☐ Loss of vision	
☐ Blur at Far & Near	☐ Loss of side vision	
☐ Red eye	☐ Double vision	
☐ Itching	☐ Sandy/Gritty Feeling	
☐ Burning	☐ Foreign Body Sensation	
☐ Redness	☐ Spots or shadows	
☐ Eye pain	☐ Diabetes eye check	
☐ Eye strain	☐ Medical eye check	

☐ Right eye ☐ Left eye ☐ Both eyes

☐ Mild ☐ Moderate ☐ Severe

☐ Started today	☐ 3-7 days	☐ 2-4 weeks	☐ 3-6 months
☐ 1-2 days	☐ 1-2 weeks	☐ 1-3 months	☐ Over 6 months

☐ Getting better ☐ Getting worse ☐ About the same

Are you interested in contact lenses information?

☐ Try Contacts ☐ Upgrade Contacts ☐ No interest in Contacts

Payment is due when services are rendered. You understand that you are ultimately responsible for all fees generated at the time of visit and at any future visits with the doctors of Optometry. You are responsible if your insurance doesn't pay. After the 3rd bill, it will be sent to COLLECTIONS along with a $20 fee. Contact lens fit and follow up care is billed separately from your eye exam. Your information is protected by our privacy policy,
I have received a copy of Oculus LLC's "Notice of Privacy Practices."

Signature_____ Date_____

Relationship to Patient _____