OculusDocs, LLC

Guardian: ____________

Name: ____________

Address: ____________

City, St: ____________ **Zip:** ____________

Phone(H): ____________ **(C):** ____________

Date of Birth: ____________ **Sex:** ______

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
☐ Seasonal
☐ Codeine
☐ Other…

Current Medicines

Past Medical History

☐ Ambylopia ☐ Arthritis ☐ Asthma ☐ Autoimmune ☐ Cancer ☐ Cataract ☐ Crossed eyes ☐ Diabetes ☐ Droopy lid ☐ Ear/Nose

☐ Eye infections ☐ Eye injuries ☐ Eye Surgery ☐ Gastrointestinal ☐ Glaucoma ☐ Heart Disease ☐ High B.P. ☐ Keratoconus ☐ Kidney ☐ LASIK

☐ Lazy eye ☐ Lupus ☐ Macular Degen. ☐ Migraine ☐ MS ☐ Neurologic ☐ Psychiatric ☐ Pregnant/Nursing ☐ Respiratory ☐ Sinus

☐ Thyroid ☐ Other…

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

☐ Glasses ☐ Bifocals ☐ Trifocals

☐ No- line ☐ Soft Contacts ☐ Toric Soft

☐ Gas Perm ☐ Hard ☐ Monovision

☐ Disposable ☐ Overnight wear ☐ Other…

Family History (parents, grandparents, siblings)

☐ Blindness ☐ Cataracts ☐ Crossed Eyes ☐ Color Blind ☐ Diabetes

☐ Kidney Disease ☐ Macular Degen. ☐ Retina Disease ☐ Retina Detach ☐ Heart Disease

☐ High B.P. ☐ Thyroid ☐ Glaucoma ☐ Cancer ☐ None

☐ Other…

Social History

Occupation: ____________

☐ Computer ☐ Reading ☐ Smoker ☐ Smokeless ☐ No Tobacco

☐ Student ☐ Music ☐ Skiing ☐ Golf ☐ Fishing

☐ Tennis ☐ Shoot ☐ Swim ☐ Bike ☐ Drug Abuse

☐ Alcohol Abuse ☐ No alcohol or drug abuse ☐ Other…

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

☐ Blur at Far ☐ Blur at Near ☐ Blur at Far & Near ☐ Red eye ☐ Itching ☐ Burning ☐ Redness ☐ Eye pain ☐ Eye strain ☐ Flashes/Floaters

☐ Loss of vision ☐ Loss of side vision ☐ Double vision ☐ Sandy/Gritty Feeling ☐ Foreign Body Sensation ☐ Spots or shadows ☐ Diabetes eye check ☐ Medical eye check ☐ Other…

☐ Right eye ☐ Left eye ☐ Both eyes

☐ Mild ☐ Moderate ☐ Severe

☐ Started today ☐ 1-2 days ☐ 3-7 days ☐ 1-2 weeks ☐ 2-4 weeks ☐ 1-3 months ☐ 3-6 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 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 OculusDocs LLC's "Notice of Privacy Practices".

Signature____________________Date____________

Relationship to Patient ____________________

Submit to the MIDDLETOWN Office

Submit to the VERNON Office