Eyes & Optics
312 N. Park Avenue
Winter Park, FL 32789
407.644.5156 www.eyesoptics.com

Welcome!

Name:_____ Date:_____

Address:_____ City:_____

State:_____ Zip:_____ E-Mail:_____

Home:(____)_____ Work:(____)_____ Cell:(____)_____

Birth Date:_____ Sex: M F Employer:_____ Occupation:_____

Vision & medical insurance:_____ Primary Insured Name & DOB:

Emergency contact:_____ Ph: (____)_____

Primary Care Provider:_____ Ph: (____)_____

What hobbies do you enjoy?_____

How did you hear about our office? Referral Ad Walk-by Internet Insurance Other

Do you wear contacts? Y N Type: Soft Hard Solution:_____

Do you have eyestrain from computers? Y N Do you own prescription sunglasses? Y N

Medical Questionnaire:

Do you have any of the following?

Y N High Blood Pressure
Y N Heart Disease
Y N Diabetes (Since:_____)
Y N Thyroid Problems
Y N Headaches/Migraines
Y N Arthritis
Y N Pulmonary Disease
Y N High Cholesterol
Y N Cancer
Y N HIV or Hepatitis
Y N Glaucoma
Y N Cataracts
Y N Macular Degeneration
Y N Retinal Detachment
Y N Eye Surgery
Y N Vision Loss/Blindness
Y N Visual Spots
Y N Flashing Lights
Y N Other_____
Y N Are you pregnant?
Y N Are you nursing?

Family Member?/Relation

Y N _____
Y N _____
Y N _____
Y N _____
Y N _____
Y N _____
Y N _____
Y N _____
Y N _____
Y N _____
Y N _____
Y N _____
Y N _____
Y N _____
Y N _____
Y N _____

List any eye surgeries:

_____
_____
_____
_____

List Your Medications:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

List Your Allergies:

_____
_____
_____
_____
_____

Social History:

Tobacco? Y N
Alcohol? Y N
Drugs use? Y N