VISIONARY EYECARE

Patient Information

Today's Date_____

Last _____ First_____ MI_____ Sex M F

Date of Birth _____ Age _____ Patients SSN _____ Employer/Occupation_____

Cell Phone _____ Home Phone _____ Email Address _____

Street_____ City_____ State_____ Zip _____

Emergency Contact _____ Relationship_____ Phone_____

Living Status ☐ Married ☐ Separated ☐ Single ☐ Divorced ☐ Other_____

Race ☐ American Indian ☐ Hispanic ☐ Asian ☐ Black or African American ☐ White ☐ Other_____

What is your preferred method of contact? Primary_____ Secondary_____

Insurance Information

Vision Insurance _____ Member ID_____

Subscriber Name_____ Birth Date_____ SSN_____

Primary Medical Insurance _____ Member ID _____

Subscriber Name_____ Birth Date_____ SSN_____

Secondary Medical Insurance_____ Member ID_____

Subscriber Name_____ Birth Date_____ SSN_____

Lifestyle Questions

What is the major purpose of this visit?_____

Are there any problems with your current contact lenses or glasses?_____

Do you participate in a flex spending account?_____

Who may we thank for referring you to our office?_____

If not referred, how did you hear about our office? ☐ Another Doctor ☐ Insurance ☐ Newspaper/ Advertising ☐ Website ☐ Other_____

Will you be purchasing ☐ Glasses or ☐ Contact Lenses today, if advised by the Doctor?_____

Lifestyle Questions

Do you. . . (check the box if your answer is yes)

- ❑ Work at a computer?
- ❑ Think you may benefit from thinner, lighter lenses?
- ❑ Have an interest in a "test drive" of the latest contact lens designs?
- ❑ Spend time outdoors? How many hours per week?_____
- ❑ Have prescription Sunwear?
- ❑ Prefer not to wear your glasses at times?
- ❑ Want information on Laser Vision Correction Surgery?
- ❑ Have more than one pair of current RX eyewear?
- ❑Have children?
- ❑ Have family members in need of eyecare?

Have you ever experienced, been diagnosed or treated for any of the following?

- ❑ Blurry Vision
- ❑ Cataracts
- ❑ Cross eye/ Eye Turn
- ❑ Eye Infections
- ❑ Flash of Light
- ❑ Glaucoma
- ❑ Headaches
- ❑ Itchiness
- ❑ Macular Degeneration
- ❑ Retinal Detachment
- ❑ Tearing
- ❑ Uncomfortable glasses
- ❑ Burning
- ❑ Corneal Abrasions
- ❑ Double Vision
- ❑ Eye Injury
- ❑ Floaters/ Spots
- ❑ Grittiness
- ❑ Iritis/ Uveitis
- ❑ Lazy Eye
- ❑ Occasional Dryness
- ❑ Sunlight Sensitivity
- ❑ Trouble seeing at night
- ❑ Other eye disorders_____

Patient Eye History/ Family History

Date of last eye exam?_____
By whom?_____
Have you tried contact lenses? Y N
Do you currently wear contact lenses? Y N
What Kind?_____Solution?_____
Are you satisfied with the vision and comfort of your current contact lenses? Y N
Would you prefer clear or colored contacts?_____
If you wear bifocals, do the lines or head tilting bother you? Y N

Is there a family medical history of the following?

	Yes (Mother or Father's side)
Blindness	❑_____
Cataracts	❑_____
Corneal Problems	❑_____
Diabetes	❑_____
Glaucoma	❑_____
Heart Disease	❑_____
Lazy Eye	❑_____
Macular Degeneration	❑_____
Retinal Problems	❑_____

Patient Medical History

Name of Family Physician?_____ Address_____ Phone #_____
Date of Last Physical?_____ Current Medications(RX and Over the Counter)_____
Allergies to medications? Y N If yes, what medications?_____
Have you had any surgeries Y N
Do you use cigarettes/tobacco, alcohol, or other substances? Y N

Have you ever been diagnosed or treated for the following health problems?

	Yes
Allergies	❑
Arthritis	❑
Blood/Lymph	❑
Bronchitis	❑
Cancer	❑
Cholesterol	❑
Diabetes	❑
Digestive	❑
Ear/Nose/Throat	❑
Endocrine	❑
Eczema/Rashes	❑
Fatigue	❑
Fevers	❑
Genitourinary	❑
High Blood Pressure	❑
Integumentary (skin)	❑
Kidney	❑
Muscle/Bone	❑
Neurological	❑
Psychological	❑
Respiratory	❑
Sinus	❑
Throat Infections	❑
Thyroid	❑
Unusual weight loss/gain	❑

To our patients:

The mission of Visionary Eyecare is to contribute to a lifetime of healthy vision, providing each patient with the highest quality vision care and consequent quality of life. We will seek continuing education to remain at the forefront of our profession and will offer the latest eye care technology, professional services, and products. The visual needs and wellness of each patient will ALWAYS be our first priority. Everything we do shall communicate this.

Sincerely,
Dr. Matthew Brown & The Staff of Visionary Eyecare

Signature_____