



Welcome to Envision Eyecare. We are delighted you are here today!

Name _____ M/F Today's Date ___/___/___
 Address _____ Apt _____ Date of Birth ___/___/___
 City/State _____ Zip _____ Age _____

Insurance Information

Social Security # _____ Home (____)____-_____
 Medical Insurance Company _____ Work (____)____-_____
 Vision Insurance Company _____ Cell (____)____-_____
 Email _____

Date of Last Eye Exam _____ Doctor's Name _____
 Date of Last Medical Exam _____ Doctor's Name _____

Reason for Today's visit _____

Please check Yes or No (If applies to a family member, use the appropriate initial: F-Father, M-Mother, B-Brother, S-Sister, G-Grandparent, C-Child)

Eyes

- Y N**
 Loss of Vision
 Lazy Eye—R/L (please circle)
 Double vision
 Macular Degeneration
 Cataracts
 Glaucoma
 Dry/Sandy/Gritty Feeling
 Foreign Body Sensation
 Itching/ Redness
 Discharge/Tearing/Watering
 Retinal Detachment
 Sties/Chalazion
 Glare/Light Sensitivity
 Eye pain/Soreness
 Flashes/Floaters
 Eye Surgery
 Eye Injury

Cardiovascular

- Y N**
 High Blood Pressure
 Heart Disease
 Diabetes--# of yrs _____
 High Cholesterol
Respiratory
 Asthma
 Chronic Bronchitis/Chronic Cough

Neurological

- Headaches/Migraines

Constitutional

- Fever, Weight loss/Gain

Ears, Nose Throat

- Sinus Congestion
 Runny Nose/Post Nasal Drip
 Dry Throat/Mouth

Thyroid/Thyroid Eye Disease

-

Gastrointestinal

- Y N**
 Diarrhea
 Constipation

Integumentary

- Skin Irritations

Lymphatic/Immune

- Anemia/Bleeding problems
 Cancer

Genitourinary

- Genitals/Urinary/Bladder

Psychiatric

-

Pregnant

-

Arthritis

- Osteoarthritis
 Rheumatoid Arthritis

Other

-

List current Medications—Rx and OTC _____

List Allergies (Environmental and Medications) _____

Glasses: Age of current pair _____ Concerns? _____
 Do you use sunglasses? Y or N. Concerns? _____

Contact Lenses: RGP lens use or Soft Disposable Contacts? (Please circle) Concerns? _____
 If Disposable, how often do you replace the lenses? _____ Do you sleep in the contacts? Y or N

Who should we thank for referring you? _____

Dr's signature _____ Updated:

(Over →)