

## Welcome to Rolling Hills Eyecare

Please take a moment to provide us with the following information:

Patient's Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_  
Salutation (please circle one) Dr. Mr. Mrs. Ms. Today's date \_\_\_\_\_

### Personal Eye Information

Date of last eye exam \_\_\_\_\_  
Do you wear glasses? No Yes Contact Lenses? No Yes type \_\_\_\_\_  
Have you had any eye operations? No Yes type \_\_\_\_\_ date \_\_\_\_\_  
Have you had any eye injuries? No Yes \_\_\_\_\_ date \_\_\_\_\_  
Do you have glaucoma? No Yes Cataracts? No Yes Macular Degeneration? No Yes  
Other previously diagnosed eye conditions? No Yes type \_\_\_\_\_

### Personal Medical Information

Do you have problems in any of the following areas:

Stomach/Digestive	No/Yes	Urinary	No/Yes	Mental	No/Yes
Ears/Nose/Throat	No/Yes	Muscles/Bones	No/Yes	Glands	No/Yes
Heart	No/Yes	Blood/Lymph	No/Yes	Breathing	No/Yes
Skin	No/Yes	Blood Pressure	No/Yes	Diabetes	No/Yes

Have you had any:

Medication allergies No/Yes To what? \_\_\_\_\_ What happens? \_\_\_\_\_  
Other allergies No/Yes To what? \_\_\_\_\_ What happens? \_\_\_\_\_  
Other health problems No/Yes what? \_\_\_\_\_  
Surgeries No/Yes what? \_\_\_\_\_ When? \_\_\_\_\_

Please list your current medications: \_\_\_\_\_  
\_\_\_\_\_

Do you use cigarettes/tobacco? No/Yes Alcohol? No/Yes Other substances? \_\_\_\_\_  
Name of primary care doctor \_\_\_\_\_ Date of last visit \_\_\_\_\_

### Family Medical Information

Do your blood relatives have any of the following?

High Blood Pressure	No/Yes	who? _____	Macular Degeneration	No/Yes	who? _____
Diabetes	No/Yes	who? _____	Retinal Detachment	No/Yes	who? _____
Glaucoma	No/Yes	who? _____	Cataracts	No/Yes	who? _____
Other eye conditions	No/Yes	what? _____			

### Interested in:

Please circle any of the following items you would be interested learning more about.

Prescription sunglasses/UV eye protection	Contact Lenses	Refractive surgery
Computer specific spectacles	Bifocal contact lenses	Sports goggles
Extra thin spectacle lenses	Continuous wear contact lenses	Safety eyewear

Doctor's initials \_\_\_\_\_