



## New Patient Form

Welcome to VIP Eye Care & Optical Boutique  
All information will be kept confidential.  
Please print and complete all items fully.

Mr.  Mrs.  Miss  Ms.  Dr. SS# \_\_\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_  
Last 4 of S.S. only for your security

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_ Gender: \_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Home Ph. (\_\_\_\_) \_\_\_\_\_ Cell Ph. (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Used only to notify you of your appointment and VIP events

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of last eye exam: \_\_\_/\_\_\_/\_\_\_ Were you dilated? YES / NO Previous Optometrist: \_\_\_\_\_

### How did you hear about us? (Check all that apply.)

- Family/Friend  Magazine  Doctor  Insurance  Yellow Pages  
 Sign  TV  Facebook  Angie's List  DemandForce

Other: \_\_\_\_\_  Who referred you: \_\_\_\_\_

### Current Vision Problems: (Check all that apply.)

- Blur at a distance without glasses  Blur at a distance with own glasses  Blur at near without glasses  
 Blur at near with own glasses  Seeing flashing lights  Seeing double  
 Problems seeing at night  Eyes burn, itch, tear  Frequent Headaches

### Eye History:

- Injury/Surgery  Eye Disease  "Lazy Eye"

### General Medical Information: (Check all that apply.)

- Diabetes  Hypertension  Heart Problems  Thyroid Problems  Arthritis  
 Major Operations  Drug Allergies  Glaucoma  Macular Degeneration  Cataracts  
 Currently Pregnant

Other: \_\_\_\_\_

### Family History:

High Blood Pressure Yes / No Relation: \_\_\_\_\_ Diabetes Yes / No Relation: \_\_\_\_\_

Macular Degeneration Yes / No Relation: \_\_\_\_\_ Glaucoma Yes / No Relation: \_\_\_\_\_

Retinal Detachment Yes / No Relation: \_\_\_\_\_ Cataracts Yes / No Relation: \_\_\_\_\_

Please list all medications, vitamins, or supplements: \_\_\_\_\_

\_\_\_\_\_

Are you planning to get new glasses today? Yes No

Do you have a spare pair of glasses for emergency use? Yes No

How many hours per day do you spend on the computer? \_\_\_\_\_

**Contact Lenses:**

Have you ever worn contact lenses? Yes No What type? Soft Daily Soft Extended Gas Permeable

Last time worn? \_\_\_\_\_ If discontinued use, why? \_\_\_\_\_

What would you like to improve most with your contact lenses? \_\_\_\_\_

**Vision Correction Alternatives:**

Have you had laser vision correction or other type of surgery? \_\_\_\_\_

Are you considering laser correction within the next year? \_\_\_\_\_

**Please provide all reasons for your visit today:** \_\_\_\_\_

**Dilation Information:**

It is our goal to provide a thorough comprehensive eye examination. To effectively accomplish our goal, we feel it is important to dilate the pupils of your eyes. This will require placing drops in your eye. As with many medications, there are some side effects of the drops used to dilate the pupil. These include sensitivity to light and blurred reading vision. In most cases, the distance vision will not be affected. The side effects usually last 2 – 3 hours, but can in some cases, last up to 24 hours.

While we believe that dilation is an important part of the eye examination process, we understand that you may wish to defer or decline this procedure. Please indicate your preference below:

- I wish to be dilated today
- I do not wish to be dilated at this time, but will return for this procedure at a later date, at no additional charge
- I do not wish to be dilated and agree not to hold Mona Henri, O.D. responsible for my actions

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ALL UNCOVERED PARKING SPACES ARE FOR YOUR CONVENIENCE, PARK AS CLOSE AS YOU LIKE WHEN YOU VISIT US**

**IN AN EFFORT TO STAY ON TIME AND NOT MAKE THE NEXT PATIENT WAIT FOR THEIR APPOINTMENT PATIENTS ARRIVING MORE THAN 15 MINUTES LATE MAY BE ASKED TO RESCHEDULE.**

**LIKE US ON FACEBOOK AND FOLLOW US ON TWITTER AND INSTAGRAM**

**WE SINCERELY THANK YOU FOR CHOOSING US FOR YOUR EYECARE NEEDS. WE LOVE WHAT WE DO AND WE ARE GRATEFUL FOR YOU.**