2018

 **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **To notify for appt’s & VIP Party invitations**

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 ⃝ Publication |   | ⃝ Google/Yelp |   | ⃝ Insurance  |   |  ⃝ Yellow Pages  |
| ⃝ Sign ⃝ Website  |   | ⃝ Facebook  |   | ⃝ Angie’s List  |   |  ⃝ Doctor  |

⃝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  **Eye History:**  | ⃝ Eyes burn, itch, tear  | ⃝ Frequent Headaches  |
| ⃝ 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. or Kaitlyn Rothberg, O.D. responsible for my actions

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

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

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

**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 RESCHEDUELE.**

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

**LIKE US ON FACEBOOK/FOLLOW 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.**