

ESTABLISHED HEALTH HISTORY AND ACKNOWLEDGEMENT

Last Name: _____ First Name: _____ Date: _____
Cell: _____ Email: _____
Communication Preference: Phone / Cell / Text / Email
Medical Dr: _____ Vision Ins _____ Health Ins: _____

How did you find our office? _____

Do you have any specific concerns or questions about your eyes or vision? Yes / No

Past History:

Please list any medications you are taking: _____

Family History:

Has anyone in your family ever been diagnosed with: *(please list who)*
Cataract: _____ Glaucoma: _____ Macular Degeneration: _____ Other: _____
Hypertension: _____ Diabetes: _____ Eye Problems: _____

Social History:

Occupation or School Grade: _____ Tobacco Use: Yes/ No/ Quit
Type: _____ Smoking / Chewing

Which of the following visual demands do you encounter on a regular basis? (Circle all that apply)

Artificial Lighting	Digital Devices	Paperwork / Reading
Board Work	(Computers/ Smart Phone)	Potential Eye Hazards
Close-Up Work	Natural Lighting	Other: _____

Which of the following hobbies or activities do you participate in? (Circle all that apply)

Arts/ Crafts	Computer	Music
Outdoor Sports/ Activities	Reading	Shooting/ Hunting
Water Sports	Welding	Other: _____

Do your eyes seem bothered by glare from any of the following situations? (Circle all that apply)

Car Headlights	Traffic Lights	Computer Monitor
Night Driving	Fluorescent Lighting	Other: _____

If you wear contact lenses, do you have:

- Current pair of prescription glasses/ sunglasses? Yes/ No
- Current comfort issues or questions? If so, how old are they? _____
 - What do you like best about your contacts? _____
 - What do you like least about your contacts? _____

Acknowledgement of Financial Responsibility:

I/ We acknowledge that even though insurance may be submitted, I/we are financially responsible for services and materials provided.

Acknowledgement of Privacy Policy:

I understand and agree that I have been offered and shown a copy of the privacy policy for Associates in Family Eyecare.

Signature

Date