WELCOME TO OUR OFFICE

Dr. Mr. Mrs. Ms. ______________________ ______________________ ______________________
Last Name First Name Middle Name

Gender: Male Female Date of Birth: ____/____/____ ________ ______________________
MM / DD / YY Age Occupation

______________________ ________ ______________________ ________ ________
Street Address Apt. # City State Zip Code

______________________ ______________________ ______________________
Cell Phone Alternate Phone E-mail

REFERRAL If you were referred by someone, whom may we thank? ______________________

GENERAL EYE HISTORY *(Please check all that apply).*

	Self	Family
Blur at distance w/ glasses or contacts	❑	
Blur at near w/ glasses or contacts	❑	
Blur at computer w/ glasses or contacts	❑	
Dry eye	❑	
Double vision	❑	
Lazy eye *(Poor vision even with correction)*	❑	
Eye injury	❑	
Eye surgery	❑	
Flashes	❑	
Floaters *(Little black dots or lines inside eyes)*	❑	
Glaucoma	❑	❑
Other ______________________	❑	❑
None of the above	❑	❑

Date of last eye exam: ______________________

What was the outcome of the exam: Glasses Contacts No prescription needed Other ____________

Contact Lens History

I would like to know my contact lens options

I am not interested in contact lenses.

GENERAL HEALTH HISTORY

	Self	Family
Headaches	❑	
Pregnant (if applicable)	❑	
High blood pressure	❑	❑
Cardiovascular disease	❑	❑
Diabetes	❑	❑
Lung disease	❑	
Hyperthyroidism	❑	
Hypothyroidism	❑	
Seasonal allergies	❑	
Drug Allergies	❑	______________________
Other ____________	❑	❑
None of the above	❑	❑

Have you ever abused drugs or alcohol? Yes No

Do you smoke? Yes No

Please list any medications: ______________________

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REASON FOR TODAY'S VISIT

❑ Regular check-up ❑ Prescription has changed ❑ Broke glasses / Lost glasses or contacts ❑ Other ______________________

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PUPIL DILATION

Dilation is now considered a standard procedure of a comprehensive eye examination. Dilation drops relax the focusing muscles of the eye, which allows a more thorough assessment of the back of the eye. Dilation is recommended for individuals with headaches, diabetes, high blood pressure, moderate near sightedness, glaucoma, or any other condition that can affect the integrity of the retina. You will have increased sensitivity to bright light and trouble focusing up close for several hours, but most people will be able to drive home afterwards. People who are very nearsighted, have high blood pressure, or have diabetes should have their eyes dilated every year. **There is no additional charge for the pupil dilation.**

VISUAL FIELDS TEST

The visual fields test is a computerized test that allows us to check for blindspots in your vision. Visual fields analysis can assist us in early detection of glaucoma, some neurological disease (such as brain tumors and optic nerve disease), and retinal defects. Visual fields testing also enables us to better diagnose causes of headaches. Unlike the pupil dilation, this test does not require us to put eye drops in your eyes. **The cost of the visual field testing is $50.00.**

YES, I want my eyes dilated. **I want to talk to the doctor before deciding.**

YES, I want the visual fields test. **NO, I do not want either test.**

I have been informed of Today's Vision Tanglewood's Privacy Practices.

______________________ ______________________
Patient's signature (Parent or legal guardian if patient is under 18 years old) Date