

PATIENT INFORMATION

Date \_\_\_\_\_

Reason for today's visit \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mr. Mrs. Ms. Miss Dr. Spouse or Parent Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

How did you learn of this office? \_\_\_\_\_

Vision Insurance \_\_\_\_\_ Identification Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer's Name \_\_\_\_\_ Occupation \_\_\_\_\_

How is your general health? \_\_\_\_\_

Do you have problems with any of these systems?

Gastrointestinal	Y/N	Nervous	Y/N	Eyes	Y/N
Ears/Nose/Throat	Y/N	Genitourinary	Y/N	Mental	Y/N
Cardiovascular	Y/N	Musculoskeletal	Y/N	Endocrine	Y/N
Respiratory	Y/N	Integumentary	Y/N	Blood/Lymph	Y/N
				Allergic	Y/N

Please Explain \_\_\_\_\_

Diabetes Y/N Type \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Allergies Y/N Allergic to what? \_\_\_\_\_

Other health problems \_\_\_\_\_

Current medications \_\_\_\_\_

Do you use cigarettes/tobacco? Y/N Alcohol? Y/N

Name of Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Family History

High blood pressure	Y/N	Macular degeneration	Y/N
Diabetes	Y/N	Retinal detachment	Y/N
Glaucoma	Y/N	Cataracts	Y/N
Other eye condition(s)	Y/N	What Kind?	

Personal Eye Information

Have you had any eye operations? Y/N Type \_\_\_\_\_ Date \_\_\_\_\_  
Have you had an eye injury? Y/N Kind \_\_\_\_\_ Date \_\_\_\_\_  
Do you have glaucoma? Y/N Cataracts? Y/N Dry eyes? Y/N Blurred visions? Y/N  
Do you have other eye problems? Y/N What Kind? \_\_\_\_\_  
Do you wear glasses? Y/N Contact lenses? Y/N Type \_\_\_\_\_

Additional Information \_\_\_\_\_

Do you want to be dilated today? ☐ Y ☐ N ☐ Only if medically necessary (i.e. diabetes, small pupil....)

Dr. Schwartz and Pollock's office has my permission to file any insurance which may be necessary.

Patient/Guardian Signature \_\_\_\_\_