

ADVANCED EYECARE & SPORTS VISION CENTER

WELCOME TO OUR OFFICE

Dr. Richard A. Miller • Optometrist

(PLEASE PRINT)

Name _____
 Street _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Employer (or School) _____
 Occupation (or Grade) _____
 Email Address _____

Today's Date _____ Date of Last Exam _____
 Date of Birth _____ Age _____
 Sex: M ___ F ___ Social Security # _____
 Spouse (or Parent's) Name _____
 Spouse (or Parent's) Work Phone _____
 Vision Insurance _____ Policy # _____
 Physician's Name _____

MEDICAL HISTORY

Allergies	No	Yes
Asthma	No	Yes
Skin Disorder	No	Yes
Eye Diseases	No	Yes
Eye Surgery	No	Yes
Lazy Eye	No	Yes
Cataracts	No	Yes
Glaucoma	No	Yes
Arthritis	No	Yes
Cancer	No	Yes
Diabetes	No	Yes
Heart Disease	No	Yes
High Blood Pressure	No	Yes
Kidney Disease	No	Yes
Nerve Disorder	No	Yes
Other _____	No	Yes
Other _____	No	Yes

FAMILY MEDICAL HISTORY

Blindness	No	Yes	Relationship
Cataracts	No	Yes	_____
Glaucoma	No	Yes	_____
Diabetes	No	Yes	_____
Heart Disease	No	Yes	_____
Other	No	Yes	_____

CURRENT MEDICATIONS (RX or Over the Counter)

			Name of Medication
Antihistamines	No	Yes	_____
Diuretics	No	Yes	_____
High Blood Pressure Pills	No	Yes	_____
Oral Contraceptives	No	Yes	_____
Sleeping Tablets	No	Yes	_____
Eye Drops	No	Yes	_____
Other _____	No	Yes	_____
Are you currently under a physician's care? No Yes			

How did you first hear about Advanced Eyecare and Sports Vision Center?

- Referred by a friend or relative
If so, who? _____
- Referred by another health care practitioner
If so, Who? _____
- Yellow Pages – Which directory? _____
- Newspaper Advertisement
- Civic Group or Community Event
If so, which? _____
- Office Signage
- Vision Screening (at school or work)

What is the major purpose of this visit?

What do you like about your present contact lenses or glasses? _____

Any problems with your present contact lenses or glasses? _____

What other family members are Advanced Eyecare and Sports Vision Center patients? _____

- Do you have or see any of the following?
- Burning
 - Sensitivity to Light
 - Nausea
 - Fainting or dizziness
 - Blurry near vision
 - Flashes of light
 - Redness
 - Objects floating in vision
 - Glare or reflection
 - Difficulty seeing distance
 - Eye strain working up close
 - Uncomfortable contact lenses
 - Trouble reading or learning at work, school, or activity
 - Other _____
 - Dryness
 - Sudden loss of vision
 - Tearing
 - Headaches
 - Blurry distance vision
 - Itchiness
 - Soreness
 - Double vision
 - Difficulty seeing at night
 - Eye Strain while reading
 - Eye Strain
 - Uncomfortable glasses
 - Spots

Do you work at a computer for long periods? Yes No

Do you have more than one pair of current prescription glasses? Yes No

If you wear glasses, are you interested in thinner, lighter lenses? Yes No

Do you wear bifocals? Yes No

If so, are you bothered by head tilting, restricted areas of vision correction, etc.? Yes No

Are there times you would rather not wear glasses? Yes No

Do you spend a lot of time outdoors? Yes No

Do you have sunglasses filtering 100% of UV rays? Yes No

Are you bothered by glare or reflection, particularly when driving at night? Yes No

Are you interested in laser vision correction? Yes No

Do you participate in an employer sponsored flexible spending account? Yes No

How will you be paying today?
 Credit Card Check Cash

- Have you ever worn or are you currently wearing contact lenses? Yes No
- What kind? _____ Solutions used _____
- Are you interested in contact lenses? Yes No
- If so, are you interested in a free contact lens "test drive"? Yes No

Hobbies and special interests:

I hereby authorize Dr. Richard A. Miller/Advanced Eyecare & Sports Vision Center, Inc. to furnish information to my insurance carriers regarding my office visits and I hereby assign to Dr. Miller all payments for services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance. Items that are non-covered by insurance (Medicare) are due at the time of service.

SIGNATURE _____ DATE _____

PLEASE GIVE INSURANCE CARDS TO THE FRONT DESK TO BE COPIED.