

Pacific Eye Doctors - Patient Intake Form

Name _____

If new to the office, when did you last see an eye doctor? _____ Which doctor _____

Please give details if you are having any concerns about your

Vision: No Yes - Blur at: Distance Intermediate Near Other _____

Eyes: Details _____

Glasses: broken / lost need adjusting / cleaning wants new ones other _____

Occupation _____ Hobbies / past-times _____

Hrs on computer daily ___ desktop laptop tablet. # Hrs reading ___ book newspaper tablet

My sunglasses are: non-prescription prescription fitovers clip-ons Transitions don't wear

Significant Medical History

Cancer _____ heart problems arthritis HBP asthma COPD

thyroid High cholesterol emphysema stroke other _____

List of medications currently taking

List of supplements currently taking

Allergic No Yes to _____ Drug Allergies No Yes to _____

Smoker No Yes

Diabetes No Yes IF YES: Childhood onset, Type I, insulin dependent adult onset, Type II

Diagnosed what year? _____ How many times a day do you check your blood sugar? _____

In the past 2 weeks if checking at home, what is the lowest you have gotten? _____ highest? _____

If you know your last HA1c result please write it here _____

Any eye diseases in the family? No

glaucoma macular degeneration turned eye lazy eye/amblyopia other _____

Have you been diagnosed with eye disease? No

glaucoma macular degeneration turned eye lazy eye dry eye blepharitis other _____

Have you had surgery to your eyes? No Yes -

If YES What was done _____ which eye _____ year _____ surgeon's name _____

_____ which eye _____ year _____ surgeon's name _____

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Do you wear contact lenses?

No If no are you interested in exploring this possibility No Yes

Yes Wear time: How many days per week? _____ How many hrs per day? _____

Type: 1 day Monthly disposable Continuous wear Rigid gas perm Brand? _____

How often do you throw them away? _____

Any problems? _____

What solution do you use? Clear Care Biotrue B&L Sensitive Eyes Complete Optifree

Proxi Clear Renu Solo Care Unknown Other _____