

Healthy Eyes for Life (801)578-2020

Date: 5/3/13 (1st Visit: 5/3/13)

Guardian:

Name: _____

Address: _____

City, St: _____ Zip: _____

Phone(H): _____ (W): _____

Birthday: _____ Sex: _____

E-Mail: _____

Insurance: _____ Number: _____

Insured: _____ Rel: _____

Secondary: _____ Number: _____

Insured-2: _____ Rel: _____

Medical Doctor(s): _____

Have you ever worn

- No Glasses Gas Perm
- Bifocals Hard
- Trifocals Monovision
- No- line Disposable
- Soft Contacts Overnight wear
- Toric Soft

Approx. Date of Last Eye Exam:

Occupation:

Medications (including oral contraceptives, aspirin, over the counter medications and remedies)

No

Social History

- Computer Golf Drug Abuse
- Reading Fishing Alcohol Abuse
- Student Tennis No alcohol or drug abuse
- Music Swim Other...
- Skiing Bike

Family History (parents, grandparents, siblings)

- Blindness Kidney Disease High B.P. Other...
- Cataracts Macular Degen. Thyroid
- Crossed Eyes Retina Disease Glaucoma
- Color Blind Retina Detach Cancer
- Diabetes Heart Disease None

Medical History

Do you currently, or have you ever had problems in the following areas:

- Constitutional:** No Fever, Weight Loss/Gain Pregnant/Nursing
- Integumentary:** No Skin
- Neurological:** No Headaches Migraines Seizures
- Endocrine:** No Thyroid Other Glands
- Ears, Nose, Throat, Mouth:** No Allergies/ Hay Fever Post-Nasal Drip
- Sinus Congestion Chronic Cough
- Runny Nose Dry Throat/ Mouth
- Respiratory:** No Asthma Bronchitis Emphysema
- Vascular, Cardiac:** No Diabetes High Blood Pressure
- Heart Vascular Disease
- Gastrointestinal:** No Diarrhea Constipation
- Genitourinary:** No Genitals/ Kidney/ Bladder
- Musculoskeletal:** No Arthritis Muscle Pain
- Lymph/Hematologic:** No Anemia Bleeding Problems
- Psychiatric:** No Psychiatric
- Allergies:** No Penicillin Eye drops Codeine
- Sulfa Novocaine

Other:

Eyes

- Loss of Vision Eye Pain or Soreness Other...
- Blurred Vision Chronic Eye Infection
- Distorted Vision/Halos Sties or Chalazion Office Us
- Loss of Side Vision Flashes/ Floaters Specs
- Double Vision Tired Eyes CI
- Dryness Crossed Eyes Color
- Mucous Discharge Lazy Eye Lasik
- Redness Drooping Eyelid
- Sandy or Gritty Feeling Prominent Eyes
- Itching Glaucoma
- Burning Retinal Disease
- Foreign Body Sensation Cataracts
- Excess Tearing/ Watering Eye Infections
- Glare/ Light Sensitivity Eye Injury

Injuries / Surgeries /Hospitalizations

- No Surgeries, injuries, or hospitalizations
- LASIK Surg.
- Cataract Surg.
- Heart Surg.

Other

Our office requires payment at the time of service unless we "accept assignment" on your insurance. **You are responsible if your insurance doesn't pay.** We charge \$2.00 every 2 weeks on balances over 60 days. **Should collection become necessary, I/We agree to pay all attorney's fees, court costs, filing fees, and all collection costs up to 33.3% of the amount owing which may be assessed by and collection agency retained to pursue the matter.** Your information is protected by our privacy policy

I have received a copy of Eye Clinic "Notice of Privacy

Signature: _____ Date: _____