Date:_____

NEW OR EXISTING PATIENT

❒ Vision Exam ❒ Medical Exam Emp. Initials: _____

❒ Larry Breazeal, OD ❒ Jeannie Tran, OD ❒ Danny Adams, OD

PATIENT INFORMATION

Patient's Last Name	First (legal name)	Middle Init.	❒ Dr. ❒ Ms. ❒ Mr. ❒ Mrs.	Marital Status (for billing purposes) ❒ Sgl ❒ Mar ❒ Div ❒ Wid

Nickname	Date of Birth (m/d/y)	❒ Male ❒ Female	Social Security (for billing purposes)	Person with Financial Responsibility

Mailing Address	City	State	Zip

Cell Phone	Day Phone	Patient Portal Access: ❒ Yes ❒ No	Email Address	Employer/Occupation

PATIENT HISTORY

#1 Do you have problems with:

❒ Redness, itching, tearing, burning, or dryness

❒ Routine headaches, double vision, or sudden vision loss

❒ Floaters or light flashes

❒ Blurriness or eye discomfort

Have you worn glasses before? ❒ Yes ❒ No

Have you worn contacts Before? ❒ Yes ❒ No

Do you smoke? ❒ Yes ❒ No

#2 Have you ever had problems with the following:

❒ Allergies ❒ Kidney Problems

❒ Arthritis

❒ Asthma ❒ Mental State/ Neurologic

❒ Blood/ Cholesterol ❒ Skin/ Integumentary

❒ Cancer ❒ Stomach/ Intestinal

❒ Diabetes

❒ Heart Disease ❒ Thyroid

❒ High Blood Pressure ❒ Eye Disease, Surgery or Injury

❒ Immune/ Lymphatic ❒ Pregnant Now

#3 List ANY Medications you take, including over-the-counter medicines.

❒ None

Allergies to Medication? ❒ Yes ⇒ ❒ No

#4 List any disease that tends to run in your family.

❒ None

Last Eye Exam – when/where?	Primary Care Physician.	How did you hear about us?	Sports/Hobbies.

Thank you for filling out this form!

For Office Use		Recall, 12 mo.
Vitals: BP _____ / _____ Pulse _____ Height _____ Weight _____ VA: Clear Blue Transitions Polarized HD PAL BIF TRI Computer DVO / NVO	❒ Coding ❒ Fee Slip ❒ Chart Done ❒ Letter to Primary MD ❒ 92499 ❒ 92250 ❒ 92285 ❒ 92310 ___ ❒ 92015 ❒ 66984 ___ ❒ 92145 ❒ 67840 ❒ 76514 ❒ 66770 ❒ 92133 ❒ 92134 ❒ 92081 ❒ 92083 ❒ 992____ ❒ 920____	Tests today: DFE Photos Mac / Disc Optos OCT Mac / ONH Lipiscan VF Screen / 24-2 Pachymetry RTC: Reason RTC: DES MGD Lid Check Cataract Macula Glaucoma Retina CL Check / Fit / OK to Finalize Tests next visit: DFE Optos IOP VF Screen / 24-2 Photos Mac / Disc OCT Mac / ONH Lipiscan Pachy