

**PATIENT HISTORY UPDATE
COMPLETE BOTH SIDES**

Social Security No. _____

TODAY'S DATE: _____

PATIENT NAME: _____ AGE: _____ MARITAL STATUS: _____
First Middle Last

LOCAL ADDRESS: _____
Street City State Zip Code

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

PREFERRED METHOD OF COMMUNICATION: Home Phone Work Phone Cell Phone Email Postal

PERSON RESPONSIBLE FOR ACCOUNT: _____ RELATIONSHIP: _____

PERMANENT ADDRESS (If Different): _____
Street City State Zip Code

IF STUDENT: Grade _____ School _____

Occupation: _____ Employer: _____ Address: _____

MAIN PURPOSE OF VISIT TODAY:

Received Recall Notice Check Up Other: _____

Do you feel your prescription needs change at: Distance: Yes No Near: Yes No

OCCULAR HISTORY: Please describe any eye injuries or problems which may have occurred since your last visit: _____

GENERAL HEALTH: Please state any illnesses, hospitalization, pregnancy, or systemic problems which may have been diagnosed since your last visit: _____

FAMILY HISTORY UPDATE:

To date, has anyone in you family had any of the following? (Please check positive responses only and indicate relationship)

- | | | |
|---|--|--|
| <input type="checkbox"/> Diabetes
_____ | <input type="checkbox"/> Eye Disease
_____ | <input type="checkbox"/> Glaucoma
_____ |
| <input type="checkbox"/> Heart Disease
_____ | <input type="checkbox"/> Tuberculosis
_____ | <input type="checkbox"/> Any Vascular Disease
_____ |
| <input type="checkbox"/> High Blood Pressure
_____ | <input type="checkbox"/> Blindness
_____ | <input type="checkbox"/> Tumors
_____ |

Date of last general health exam: _____ Physician: _____ Phone: _____

If presently taking any medications, including birth control pills, or if prescription has been changed since your last visit, please state which ones and for what purpose: _____

If contact lenses were prescribed at last visit, have you been wearing them successfully? (Please state any problems or comments): _____

If not wearing contact lenses, are you interested in wearing them now? If so, what type are you interested in wearing? _____