

WELCOME TO OPTOMETRIC DESIGN OF DANVILLE

Date: _____
Name: _____ Gender: Male__ Female __
Social Security # _____ Date of Birth: _____ Age: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____
Occupation: _____ If Student, school: _____ Grade: _____
Employer: _____ Home Ph: _____ Work Phone: _____
Insurance? _____ Member'S Name: _____ Member SS # _____
Name of Spouse: _____ If Child, name of parent: _____
Name and ages of children: _____
Hobbies: _____

Approximate date of last eye exam: _____ By doctor: _____
Approximate date of last physical: _____ By doctor: _____
Are you being treated for any medical conditions? _____

Do you have or had you have any of the following?
____ Allergies ____ Malaria ____ Migraine ____ Eye injuries/diseases
____ Diabetes ____ High Cholesterol ____ Cancer ____ Eye Surgery
____ High blood pressure ____ Tuberculosis ____ Stroke ____ Retinal detachment
____ Heart disease ____ Seizures ____ Anemia ____ Glaucoma
____ Thyroid problems ____ Skin Conditions ____ HIV ____ Cataracts

Do you have any blood relatives who have any of the above? If so, who and what condition?
Your main concern today? _____

Do your vision problems occur at: Distance ____ Near ____ Both ____ Computer ____

Do you experience any of the following vision problems?
____ Blur ____ Burning ____ Sandy Feeling
____ Pain ____ Itching ____ Lid Styes
____ Flashing lights ____ Tearing ____ Redness
____ Floaters (spots) ____ Light sensitivity ____ Double vision
____ Vision lost, blackouts ____ Twitching eye lids ____ Headaches

Do you wear Contact Lenses? ____ How old are they? ____ Gas Perm? ____ Soft? ____
If you are not currently wearing contact lenses, are you interested? Yes ____ No ____

Who may we thank for referring you to our office? _____

I understand that if my eligibility cannot be verified or if I do not obtain the proper referral form when required, I will be financially responsible for all charges incurred for services received from this doctor's office.

Signature of Patient: _____
Parent/ Guardian Signature (if minor): _____