



Patient Demographics

Date:				
Name: Last		First	M.I.	Nickname
Address:			City	State Zip
DOB:		Social Security Number:		Sex: M or F
Home phone:		Cell	Work	
Email address:			Hobbies:	
Marital Status:		Spouse:	Phone:	
Employer:			Position:	
Emergency Contact:			Emergency Phone:	
Is it okay to send appointment reminders via: Text message Email				
How did you hear about our office?		Friend	Relative	Another Dr. Insurance listing
Web site	Newspaper	Yellow pages	Walk-in	
Do You..... (Check if your answer is yes)				
<input type="checkbox"/> Work at computer frequently for long periods of time? _____ hours _____ # of monitors				
<input type="checkbox"/> Have problems driving at night or seeing in low-light situations?				
<input type="checkbox"/> spend a significant amount of time outdoors? How many hours per week? _____				
<input type="checkbox"/> Have an interest in trying the latest contact lens designs?				
<input type="checkbox"/> Have prescription sunglasses?				
<input type="checkbox"/> prefer not to wear glasses at times?				
<input type="checkbox"/> Want more information on laser vision correction (LASIK)?				
<input type="checkbox"/> Have more than one pair of current prescription glasses?				
<input type="checkbox"/> Have children?				
<input type="checkbox"/> Have a family member in need of eyecare?				
What is the main reason for this visit?				
Date of last exam?		By whom?	How old is your current eyewear?	
Do you currently wear contacts?		Yes No	What brand?	
How often do you replace your contacts?			Do you sleep in your contacts?	

* To all contact lens wearers: you will be responsible for the charges for your contact lens evaluation.

** All contact lens prescriptions must be finalized within 90 days of your initial examination