

WELCOME TO LAGUNA CREEK OPTOMETRY

Family Vision Care

Last Name _____ First Name _____
Spouse's Name _____
Street Address _____
City _____ Zip Code _____
E-mail Address _____
Primary Contact Phone #(_____) _____ Secondary #(_____) _____
Birthdate _____ Sex _____ Occupation _____
Whom may we thank for referring you to our office? _____

Financial arrangements for professional services and materials should be made at the time services are performed. It is the policy of this office that when materials are ordered, a minimum deposit of half of your account be paid, and the balance is due upon delivery of the materials.

Method of Payment: _____ Insurance _____ Check _____ Cash _____ Bankcard (Visa or MC)
Name of Insurance _____
Subscriber's ID# (usually SSN) _____

PATIENT HEALTH INFORMATION

- What is the main purpose for visiting our office today?
 Routine examination
 Glasses need to be replaced
 Contacts need to be replaced
- Are you presently experiencing any of the following?
 blurry distance vision
 blurry near vision
 eyestrain
 headaches
 flashes of light
- Date of your last routine eye exam _____
- Do you presently wear glasses?
 yes no
If yes, full-time
 near far
- Do you or any immediate family members have any of the following?
 diabetes retinal disease
 hypertension lazy eye
 glaucoma blindness
 cataracts
- Have you ever had any of the following?
 eye infections
 eye diseases
 eye surgeries, specify _____
 laser therapy, specify _____
 vision therapy (orthoptics)
- Date of your last physical exam _____
- Are you currently under the care of a physician?
 yes no
If yes, for what conditions? _____
- Do you currently take any prescription medications? yes no
If yes, please list _____
- Are you allergic to any medications? If yes, please indicate medication and reaction.

- Do you presently wear contact lenses?
 yes no
If yes, what type? gas permeable
 hard
 toric
 soft
 disposable
- What is your wearing schedule with your contact lenses?
 daily wear
 extended wear
- What brands of solutions do you use to clean your contact lenses? _____