

# WELCOME



# GREEN HILLS EYECARE

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ SSN: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Language: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Sex: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_ Yearly Eye Exam \_\_\_\_\_ Need Glasses/Contact Lenses \_\_\_\_\_ Medical Eye Problem \_\_\_\_\_ Other

Do you wear Glasses? YES NO If yes, when do you wear them? \_\_\_\_\_

Do you wear Contact Lenses? YES NO If yes, what brand? \_\_\_\_\_

Are you currently having any of the following eye problems? (Please circle/list here) \_\_\_\_\_

Headaches	Dry Eyes	Discharge	Eye Injury	Loss of vision
Light Sensitivity	Burning	Redness	Eye Pain	Blurred vision
Eyestrain	Watering/Tearing	Itching	Flashes	Glare
Motion Sickness	Scratchy/Gritty	Allergies	Floaters	Halos
Computer Discomfort	Sore/Irritated	Eye Infection	Double Vision	Styes

Eye Surgeries/Procedures: \_\_\_\_\_ Date: \_\_\_\_\_

Eye Drops: \_\_\_\_\_

Do you have or have you ever had any of the following medical problems? \_\_\_\_\_

Cataracts	Retina Defect/Disease	Cancer	Hepatitis	Parkinson's
Diabetic Retinopathy	Concussion	Cholesterol	High Blood Pressure	Skin Condition
Glaucoma	Migraines	Chemical Addiction	Kidney/Liver Disease	Shingles
Iritis/Uveitis	AIDS/HIV	Diabetes	Lupus	Stroke
Keratoconus	Arthritis	Drug Sensitivity	Multiple Sclerosis	Thyroid Disease
Lazy/Turned Eye	Asthma	Emphysema	Pacemaker	Tuberculosis
Macular Degeneration	Bleeding Disorder	Heart Condition	Other: _____	

Medications (or attach list): \_\_\_\_\_

Allergies: \_\_\_\_\_

Are you pregnant/nursing? YES NO Tobacco Use? YES NO Alcohol Use? YES NO

Family History: Diabetes High Blood Pressure Thyroid Condition Cancer Cataracts Macular Degeneration Glaucoma

Primary Physician: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Hobbies: \_\_\_\_\_

How did you hear about us? Google/Yelp Social Media Website Family/Friend/Coworker: \_\_\_\_\_