PATIENT INFORMATION AND HISTORY

Welcome to OPTOMETRY WORLD CAROLINA. Thank you for trusting us with your vision care. In order to create your medical record, we need to know a little about you, such as any current conditions you may have or any details that will help us provide you with better service.

Please fill in all the fields that apply below.

Name:		**Last names:**	
Postal Address:		**Date of Birth:**	
		Age:	
House phone:		**Sex:**	( ) Male ( ) Female
Work phone:		**Cellular:**	
Occupation:		**Father/Mother/Guardian:** (if minor)	
Work/Study Place:		**Marital status:**	( ) married ( ) single ( ) other: _____
Primary Insurance:		**Principal Insured:**	
Secondary Insurance:		**SS Principal Insured:**	
E-mail:		**Date of Birth:** (Principal Insured)	
Hobby or Pastimes:	( ) reading ( ) computer ( ) crafts ( ) TV ( ) video games ( ) other	**Last Eye Exam:**	
		Doctor/exam location:	
Habits:	( ) Smoke ( ) Alcohol ( ) Coffee ( ) Others:		

Do you suffer from:			**If you are diabetic:**	
( ) Arthritis ( ) Diabetes, ( ) Cancer ___ years	( ) High Pressure ( ) Stroke	( ) Heart ( ) Migraine	Last Blood Sugar Test Result:	
( ) Asthma ( ) Sinusitis	( ) Nasal Allergies	( ) Cholesterol	Last Blood Sugar Reading Date:	
( ) Headaches	( ) Multiple Sclerosis	( ) Thyroid	Allergic to any medication:	
( ) Others :			Referred or Recommended by:	

Have you had eye surgery? ( ) no ( ) yes, please describe:	Relatives with eye conditions or surgeries: ( ) no ( ) yes, describe:
Medications:	Eye Medications

Do you currently suffer from:

( ) blurred vision up close	( ) temporary loss of vision	( ) Glaucoma
( ) blurred vision in the distance	( ) double vision	( ) Deviated Eyes
( ) burning, irritation	( ) excessive disturbance to clarity	( ) Visual Therapy
( ) excessive tearing	( ) see floating mosquitoes or black spots	
( ) pain in one or both eyes	( ) strains his eyes to read	
( ) foreign body sensation	( ) red eyes	
( ) difficulty driving at night	( ) itchy eyes	
( ) dry eyes	( ) tics in the eyelids	
( ) flashes of light	( ) tired eyesight	
( ) others, specify:		

Additional Comments:	**Internal Use:**