

Patient History Questionnaire

What has prompted you to make this appointment? Is it a routine exam or do you have a current concern regarding your eyes or vision? Please explain in detail.

If you are a new patient, when was the approximate date of your last eye exam?

Is there anything that has occurred with your eyes in the past that the Doctor needs to know about such as a lazy eye, any eye surgeries, past injuries, infections or vision loss, etc.?

Is there a family history of cataracts, glaucoma, macular degeneration, retinal detachment or other eye problems? Please list all that apply.

Please provide the name of your primary care provider and any other Doctors that you are currently seeing and the reason you are seeing them.

Do you have diabetes and / or high blood pressure? If so, for how long?

Please list all prescription medications you are taking and for what medical condition(s) they are prescribed for

Please list any allergies to medications that you have

New Contact Lens Patients

Please list the details of your current contact lens prescription

Lens Brand _____

Power _____

Base Curve (BC) _____

Please bring the boxes if you have them or the location of your last eye exam including the phone number.

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge I received/was offered a copy of Erie Optical Notice of Privacy Practices.

Patient Name (Please Print) _____

Signature _____

Please check the if patient is a minor and you are parent or guardian _____

May we leave a message on your answering machine or at your home with a member of your household? Yes _____ NO _____

I give permission for information regarding my medical records to be discussed with the person(s) below.

With _____

Relationship _____