Welcome to Our Office

Vision Center - Optometry

13313 E. Telegraph Road
Whittier, CA 90605
Phone: (562) 946-1957

(Please Print)

Name:_____ How long since last eye exam _____ Sex: Male Female

Street:_____ Date of Birth:_____ Age:_____

City:_____ State____ Zip_____ Spouse (or parent) name: _____

Home Phone :_____ Spouse (or parent) work phone: _____

Work Phone :_____ Medical Insurance Company: _____

Other Phone :_____ Vision Insurance: _____

Social Security Number :_____ Employer: _____

Occupation :_____ How were you referred to our office? : _____

Hobbies: _____ E-mail:_____

You are here today for:

[ ] Glasses

[ ] Contact Lenses

[ ] Having problem with_____

_____

Does glare or reflections sometimes make it difficult to see clearly? Y/N

Does your current pair of glasses allow you to see clearly in all your day to day activities? Y/N

Do you know about Hi-Index lenses that make glasses lighter and more comfortable? Y/N

Would you enjoy learning about the comfort and health benefits that daily disposable contact lens offer? Y/N

Are you interested in learning if you are a candidate for laser vision correction? Y/N

Personal & Family Medical History

Please circle if you or someone in your family has

Allergies	Self	Family	Glaucoma	Self	Family
Asthma	Self	Family	Eye Diseases	Self	Family
Arthritis	Self	Family	Heart Diseases	Self	Family
Cancer	Self	Family	Eye injury	Self	Family
Eye surgery	Self	Family	High blood pressure	Self	Family
Cataracts	Self	Family	Diabetes	Self	Family
Thyroid	Self	Family	Type 1 or 2	Controlled Y or N	
		Cigarettes	No	Yes	
		Tobacco	No	Yes	
		Alcohol	No	Yes	
Pregnant or Breast Feeding			No	Yes	

Other substances_____

Current Medications (Rx & Over-the Counter)

Name of Medication

Antihistamines	No	Yes	_____
Diuretics (water pills)	No	Yes	_____
Blood pressure pills	No	Yes	_____
Oral contraceptives	No	Yes	_____
Diabetes medication	No	Yes	_____
Eye drops	No	Yes	_____
Other	No	Yes	_____

Are you currently under the care of a physician? No Yes

Name of physician_____

Full payment is due before any materials can be ordered or released.

Method of payment:

❑ Check ❑ Cash ❑ Visa ❑ MasterCard ❑ Discover [ ] Flex Spending Account

_____ _____

SIGNED **DATE**