Thank you for choosing Woodcrest Vision Center for your vision care. In order to provide you the best care possible, we ask that you answer the questions below. If you prefer, we will be happy to sit down with you and help you complete this history form. Don't hesitate to ask for help. We are here to assist you!

☐ Mr. ☐ Mrs. ☐ Miss. ☐ Ms.

Full Name ______________________________ Today's Date ____________

Social Security No ______________________________ Birth Date ____________

Address ____________________ City ____________________ Zip Code ________

Home Phone ________________ Cell Phone ________________ ☐ never send me text messages

Emergency No. ________________ Contact Name ______________________

Email ____________________ Occupation & Employer ______________________

Vision Insurance & Policy No ________________ Medical Insurance & Policy No ________________

Responsible Party (if minor) ________________ School ________________ Grade ____

If referred, whom by? ☐ Patient ☐ Doctor Referrer's Name ______________________

EYE HEALTH HISTORY

Last Physical Exam ____________ Primary Physician: ______________________

Last Eye Exam ____________ Previous Eye Doctor: ______________________

Do you wear glasses? ______ How old are your glasses? ________ Interested in Contact Lenses or LASIK? ________

How many hours a day do you use a computer, tablet, phone? _____ How long before your eyes grow tired? ________

Do you wear contact lenses? ____ Type? ______________ Solution: ☐ Biotrue ☐ Clear Care ☐ OptiFree

What Hobbies / Sports do you enjoy? ______________________________

What is the reason for this examination? Ocular Symptoms

☐ New Glasses / Check-up ☐ Flashing Lights or Floaters ☐ Headaches ☐ Pain In / Around Eyes
☐ Blur at Distance ☐ Glare ☐ Tired Eyes when Reading ☐ Eyes Water
☐ Blur at Near ☐ Decreased Night Vision ☐ Poor School Performance ☐ Red Eyes
☐ Sensitivity to Light ☐ Double Vision ☐ Eyes Burn or Feel Dry ☐ Itchy Eyes

Any other problem or concern? ______________________________________

____

PLEASE SEE OTHER SIDE

FAMILY HISTORY

Does anyone in your immediate family have…

☐ Glaucoma ☐ Crossed Eyes ☐ Cataracts ☐ Blindness
☐ Lazy Eye ☐ Diabetes ☐ Learning Difficulties ☐ Macular Degeneration

How many people are living in your household? ______ Approximately what ages? ______________________________

MEDICAL CONDITIONS

Review of Systems: Do you, or have you ever had, any problems in the following areas? If yes, please list all current medications and past surgeries.

SYSTEMIC

☐ Allergies ☐ Diabetes: I II ☐ Headaches ☐ Arthritis
☐ Sinus Congestion ☐ High Blood Pressure ☐ Migraines ☐ Fever
☐ Runny Nose ☐ Heart/Chest Pain ☐ Seizures ☐ Asthma
☐ Dry Mouth ☐ Vascular Disease ☐ Anemia ☐ Emphysema
☐ Hypoglycemia ☐ Kidney Disease ☐ Bleeding ☐ Skin / Eczema
☐ Thyroid Condition ☐ High Cholesterol ☐ Stroke ☐ Eye Surgery

OCULAR

☐ Cataracts
☐ Macular Degeneration
☐ Glaucoma
☐ Uveitis
☐ Retinal Detachment
☐ LASIK

Tobacco, alcohol, other recreational drugs? ________________________________ Height ______ Weight ______

Any other Medical Problems? Surgeries? ____

____

Prescription Medications: ____

____

____

Allergies to Medications: ____

ASSIGNMENT & RELEASE

I acknowledge that I received a copy of Woodcrest Vision Center's Notice of Privacy Practices. I authorize the release of any medical information necessary to process all claims. I also authorize the release of payment of medical benefits to my physician and understand I am responsible for non-covered services. For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Signature ____ Date ______________

Thank you for completing this history form. The Doctor and Technicians will review your entries and ask you further questions where necessary. The doctor will then customize an examination just for you! The examination will enable us to meet your specific needs. Thank you again for choosing our office, we look forward to improving the quality of your life!