

Name: _____

Date: _____

E-mail: _____

Optomap retinal imaging is an essential component of comprehensive eye care. *This test will be performed today if you are here for your annual eye exam.* The maximum fee to you is capped at \$41.00. If your vision/health plan provides partial or full coverage we will apply it. **Initial here:** _____

Name of Primary Care Physician: _____ Last Physical Exam: _____

Address/Phone Number of Primary Care Physician: _____

Your Current: **Height** _____ **Weight** _____

Have you been diagnosed with prediabetes or diabetes? No Yes

If so, what is your: **Latest A1c** _____ **Latest FBS** _____

Social History

List your current job and employer: _____

Do you drink alcohol? No Occasional 1 Per Day 2-3 Per Day 4+ Per Day

Do you smoke? No Occasional ½ Pack/Day 1 Pack/Day 1+ Pack/Day Former smoker

Do you use e-cigarettes? No Yes

Do you engage in regular exercise? No Yes

Do you use nutritional supplements? No Yes

Contact Lens History

If you are not a contact lens wearer, are you interested in trying contacts at this time? No Yes

Medication

List any drug allergies: _____

List associated allergic reaction: _____

List any medications/dosage: _____

List any surgeries/dates/surgeon: _____

List any new health issues: _____

List any new family health issues: _____

Eye Disease

- Amblyopia (lazy eye)
- Blepharitis
- Blindness
- Cataract
- Color Blindness
- Diabetic Retinopathy
- Dry Eye Syndrome
- Eye Injuries
- Glaucoma
- Glaucoma Suspect
- High Risk Medication
- Macular Degeneration
- PVD
- Retinal Detachment
- Strabismus (eye turn)
- Other

Current Eye Symptoms

- Glare Sensitivity
- Headaches
- Light Sensitivity
- Tired Eyes
- Burning
- Dryness
- Epiphora
- Eyelid Swelling
- Eye Pain/Soreness
- Foreign Body Sensation
- Infection of Eye Lid
- Itching
- Mucus
- Ptosis (drooping eyelid)
- Redness
- Sandy or Gritty Feeling
- Other

Visual Symptoms

- Blurred Vision Distance
- Blurred Vision Near
- Distorted Vision
- Double Vision
- Flashes of Light
- Floaters or Spots
- Fluctuating Vision
- Loss of Central Vision
- Loss of Side Vision
- Loss of Vision
- Other