

Welcome- We are glad you are here!



Name: _____

Email: _____

Mobile Phone: _____

Family Doctor: _____

Did you receive an email or text reminder for your appointment? Yes or No

Who can we thank for referring or recommending you to our office? (Name) _____

IMPORTANT!!! To better care for you today, please tell us the following-

What problem or concern would you like us to focus on today?	
How do your eyes feel? Any changes in how your eyes look?	
What eye medications do you routinely put in your eyes? (include non-prescription eye drops)	
What eye conditions or surgeries have you had? (cataracts, glaucoma, diabetic eye disease, high blood pressure eye damage)	
How would you like to improve your glasses? (scratched/broken, better vision, less thick/heavy, updated style, less glare)	
Are you bothered by tired, dry, burning or scratchy eyes?	Yes No
What other information should we know to better care for you today?	

How can we improve upon previous visits with an eye doctor?

(Understanding of condition, understanding of treatment, wait time, cleanliness of office, friendliness of staff, time with issues with glasses, issues with contact lens, or other opportunities for improvement)

Which family members have not seen an eye specialist for a comprehensive exam this year?

(This does not include school screenings or pediatrician screenings, which are not comprehensive exams.)

Spouse / Partner School aged children Parents