

Welcome



Vision

Name: _____

Email: _____

Mobile Phone: _____

Occupation: _____

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

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

For returning patients, do you have any new medical conditions or medications? Yes or No

If YES, what: _____

Reconfirm Insurance- Please give **all** insurance cards to our staff and reconfirm which insurance you will be using:

Primary: _____

Secondary: _____

IMPORTANT! To customize your care, please tell us about your eyes, activities and your family.

Do you believe your glasses need improvement? YES / NO If YES, how: <input type="checkbox"/> better vision <input type="checkbox"/> newer style <input type="checkbox"/> UV & sun protection <input type="checkbox"/> scratched or broken
Do you experience poor vision from glare when working on a computer, riding in a car at night or when it is raining? YES / NO
Do you find raising your head, moving your glasses or computer monitor helps you see better when working on your computer? YES / NO
What do you do for fun or what is one fun fact about you?
Do you notice times when your glasses hinder certain activities (like sports, cooking, sewing, hunting/fishing) or would it be nice not to have to wear glasses to see? YES / NO
Do you have times when your eyes feel tired, dry, burning or scratchy? YES / NO
Are you bothered by times when you have to blink to clear up your vision? YES / NO
Do you know that West TN Eye is a complete medical eye center with in-office laser surgery facilities and a physician on-call 24/7 for medical eye emergencies like pink eye & injuries? YES / NO

How can we improve upon your visit today versus previous eye exams?

(Understanding of condition, understanding of treatment, wait time, cleanliness of office, friendliness of staff, time with doctor, 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