Sugar House VISION

Guardian: _____ **Date:** _____

Name: _____

Address: _____

City, St: _____ **Zip:** _____

Phone(H): _____ **(C):** _____

Date of Birth: _____ **Sex:** ____

Vision or Primary Insurance

Ins.: _____ **#:** _____

Insured: _____ **DOB:** _____

Relationship: _____

Medical or Secondary Insurance

Ins.: _____ **#:** _____

Insured: _____ **DOB:** _____

Relationship: _____

E-Mail: _____

Notify me by: ☐ Text ☐ Phone ☐ Email ☐ Mail

Referred by (name of friend we can thank)

☐ Friend ☐ Insurance ☐ Phone Book ☐ Other...

Medical Doctor(s):

Approx. Date of Last Eye Exam:

Glasses R-
L-

Contacts R-
L-

Allergies
- ☐ None
- ☐ Penicillin
- ☐ Sulfa
- ☐ Eye drops
- ☐ Other...

Current Medicines

Race **Ethnicity** **Language**

History or Problems

☐ Allergy	☐ Eye Infection	☐ Lazy Eye
☐ Amblyopia	☐ Eye Injury	☐ Macular Degen.
☐ Asthma	☐ Eye Surgery	☐ Migraine
☐ Cancer	☐ Gastrointestinal	☐ MS
☐ Cataract	☐ Glaucoma	☐ Psychological
☐ Crossed Eyes	☐ Heart	☐ Sinus
☐ Diabetes I	☐ High B.P.	☐ Thyroid
☐ Diabetes II	☐ Keratoconus	☐ Other...
☐ Droopy Lid	☐ Kidney	
☐ Ear Problem	☐ Lasik	

Clear

Eye wear History (have you ever worn...)

☐ Glasses	☐ No- line	☐ Gas Perm	☐ Disposable
☐ Bifocals	☐ Soft Contacts	☐ Hard	☐ Overnight wear
☐ Trifocals	☐ Toric Soft	☐ Monovision	☐ Other...

Family History (parents, grandparents, siblings)

☐ Blindness	☐ Kidney Disease	☐ High B.P.	☐ Other...
☐ Cataracts	☐ Macular Degen.	☐ Thyroid	
☐ Crossed Eyes	☐ Retina Disease	☐ Glaucoma	
☐ Color Blind	☐ Retina Detach	☐ Cancer	
☐ Diabetes	☐ Heart Disease	☐ None	

Social History

☐ Computer	☐ Skiing	☐ Swim	☐ No alcohol or drug abuse
☐ Reading	☐ Golf	☐ Bike	☐ Other...
☐ Student	☐ Fishing	☐ Drug Abuse	
☐ Music	☐ Tennis	☐ Alcohol Abuse	

Occupation

Clear

- ☐ 1 Current everyday smoker
- ☐ 2 Current some day smoker
- ☐ 3 Former smoker
- ☐ 4 Never smoker
- ☐ 5 Smoker, current status unknown
- ☐ 9 Unknown if ever smoked

Current eye problem(s) (please circle the "main" problem)

☐ Blur at Far	☐ Eye strain	☐ Medical eye check
☐ Blur at Near	☐ Flashes/Floaters	☐ Other...
☐ Blur at Far & Near	☐ Loss of vision	
☐ Itching	☐ Double vision	
☐ Burning	☐ Sandy/Gritty	
☐ Redness	☐ Spots or shadows	
☐ Eye pain	☐ Diabetes eye check	

☐ Right eye ☐ Left eye ☐ Both eyes

☐ Mild ☐ Moderate ☐ Severe

☐ Started today ☐ 3-7 days ☐ 2-4 weeks ☐ 3-6 months
☐ 1-2 days ☐ 1-2 weeks ☐ 1-3 months ☐ Over 6 months

☐ Getting better ☐ Getting worse ☐ About the same

Are you interested in contact lenses information? Clear

☐ Try Contacts ☐ Upgrade Contacts ☐ No interest in Contacts

Our office requires payment at the time of service unless we "accept assignment" on your insurance. **You are responsible if your insurance doesn't pay.** We charge $2.00 every 2 weeks on balances over 60 days. **Contact lens fit and follow up care is billed separately from your eye exam.** Your information is protected by our privacy policy

I have received a copy of Sugar House Vision Clinic "Notice of Privacy Practices".

Remind me of my appointment by: ☐ Text

Signature _____ Date _____

Relationship to Patient _____

Signed