VISION AND HEALTH H	ISTORY	Date	e:	_
mme: Date of Birth:				
VISION HISTORY:				
When was your last	eye examination?	Exa	aminer:	
Have you ever worn Age of current glas			No	Yes
Does your driver's 1	icense indicate you	are required to	=	sses to drive Yes
Class of driver's l Have you ever worn			No	Yes
	t contact lenses permeable contact d contact lenses	lenses		
Are you interested	in wearing contact	lenses?	No	Yes
Have you ever done	vision training? (I	Eye exercises/ pa		Yes
Occupation: Hobbies:				
Please estimate you		None Occasi Modera	ate (appr	ncontinuous cox. 2h/ day) hours per da
Does your occupation	n / hobby require s	safety glasses?	No	Yes
Do you use sun prot	ection for your eye	es when outdoors?	No	Yes
Have you ever had:	Eye surgery? Eye injuries? Eye infections? Complications from Dry eye? Crossed eye (strawn Lazy eye (amblyop): Glaucoma? Cataract? Retinal detachment Macular degenerat:	oismus)? ia)? t?	No	Yes
	Other vision disor		No	Yes

Name:			
Date:			
EXMITY HICHODY.	Have your blood relatives (include	ling parents	arandnaranta
	Have your blood relatives (includ	ing parents,	grandparents
siblings) ever h	iad:		
	Glaucoma?	No	Yes
	Cataract?	No	Yes
	Retinal detachment?	No -	Yes
	Macular degeneration?	No	Yes
	Blindness?	No	Yes
	Other vision disorders?	No	Yes
MEDICAL HISTORY:			
Past and present complaints.	t illnesses, as well as medication	s, can resul	t in visual
Please answer th	ne following questions as accurate	ely as possib	le.
Family physician	n:	<u> </u>	
Have you ever ha	ad any of the following:		
_	High blood pressure?	No	Yes
	Heart disorders?	No	Yes
	Diabetes?	No	Yes
	Arthritis?	No	Yes
	Thyroid disorder?	No	Yes
	Stroke?	No	Yes
	Epilepsy?	No	Yes
	Allergies?	No	Yes
	Allergies to medication?	No	Yes
Other general he	ealth concerns:		
Are you a smoker	or former smoker?	No	Yes
Please list curr supplements:	rent medications you are using, in	cluding eye	drops and
Please tell us h	now you were referred to this offi	.ce:	
I would like a sphysician.	summary report of my examination t	oday sent to	my family Yes