

Please fill out completely

Name: _____

Exam Date: _____

Address: _____

Phone: _____

Eye Conditions:

Have you been diagnosed with any of the following?

- Cataracts
- Age related Macular Degeneration
- Glaucoma
- Diabetes
- Diabetic Retinopathy
- Dry eye
- Eye infection, inflammatory or allergy
- Floaters or Flashes of light
- Iritis or Uveitis
- Retina Defects or Degeneration
- Please list any additional conditions below:

	Yes		No

Computer Demands:

Do you have any of the following computer demands?

- Simultaneously view paperwork and computer
- Hours of computer use per day
- Please list any additional computer demands below:

	Yes		No

Eyeglass Desires:

Do you have any of the following eyeglass desires?

- Need extra eyeglasses for special activities
- Would like thinner lighter lenses
- Reduction of glare
- Please list any additional eyeglass desires below:

	Yes		No

Eye Concerns:

Are you having any of the following?

- Redness
- Burning
- Itching
- Tearing
- Discharge
- Please list any additional concerns below:

	Yes		No

Contact Lens Interests:

Do you have any of the following contact lens interests?

- New contact lens fitting
- Safe over night contacts
- Please list any additional contact lens interests below:

	Yes		No

Vision Concerns:

Are you having any of the following?

- Blurred Vision
- Eye strain
- Eye pain
- Severe sensitivity to light
- Headache
- Poor night vision
- Bothersome night glare
- Double vision
- Total vision loss
- Please list any additional vision concerns below:

	Yes		No

List all current medications and past/present medical conditions below:



Montgomery
Vision Care

...of course!

NEW PATIENT FORM

Patient Information

Date: _____

Insurance

Policy Holder Name: _____

Policy Holder Date of Birth: _____

Policy Holder SS#: _____

Name: First _____ Last _____ Middle _____

Nickname: _____

Date of Birth: _____

Address: _____

Phone: _____ Home Work Mobile

Social Security # _____ Email: _____

Family History

Cancer: Type _____

Father / Mother / Brother / Sister / Son / Daughter

Diabetes Mellitus: Type 1 or 2

Father / Mother / Brother / Sister / Son / Daughter

Hypertension (High Blood Pressure)

Father / Mother / Brother / Sister / Son / Daughter

Hyperthyroidism

Father / Mother / Brother / Sister / Son / Daughter

Hypothyroidism

Father / Mother / Brother / Sister / Son / Daughter

Family Ocular History

Cataract

Father / Mother / Brother / Sister / Son / Daughter

Degenerative Disorder of Macula

Father / Mother / Brother / Sister / Son / Daughter

Glaucoma

Father / Mother / Brother / Sister / Son / Daughter

Patient Ocular History

__ Glaucoma

__ Retinal Degeneration

__ Glaucoma Suspect

__ Retinal Hole

__ Cataract

__ Retinal Detachment

__ Age-related Macular Degeneration

__ Keratoconus

__ Surgery

__ Injury

__ Patching

__ Dry Eye

__ Inflammatory Disorder

__ Nystagmus

__ Strabismus

__ Other: _____

__ Amblyopia



Montgomery
Vision Care

... of course!

Social History

Drinking Alcohol:

Yes

No

Amount: _____

Tobacco Use:

Yes

No

Current Smoker

Former Smoker

Never Smoker

Medical History *Please circle all that apply:*

Constitution: Developmental Disabilities / Cancer / Fatigue Syndrome / Other

ENT: Hearing Loss / Sinusitis / Dry Mouth / Laryngitis / Other

Neurological: Multiple Sclerosis / Epilepsy / Cerebral Palsy / Tumor / Stroke / Migraine /
Autism Spectrum Disorder / Other

Psychiatric: Depression / Attention Deficit / Anxiety Disorder / Bipolar Disorder / Other

Cardiovascular: Hypertension / Stroke / Heart Disease / Vascular Disease / Congestive Heart
Failure

Respiratory: Cigarette Smoker / Asthma / Bronchitis / Emphysema / Chronic Obstruction /
Sleep Apnea / Other

Gastrointestinal: Crohn's / Colitis / Ulcer / Acid Reflux / Celiac Disease / Other

Genitourinary: Kidney Disease / Prostate Disease / Herpes / Chlamydia / Pregnant / Nursing

Musculoskeletal: Arthritis / Osteoarthritis / Fibromyalgia / Muscular Dystrophy / Osteoporosis /
Gout

Integumentary: Eczema / Rosacea / Psoriasis / Cold Sores / Shingles / Other

Endocrine: Type 2 Diabetes / Type 1 Diabetes / Thyroid Dysfunction / Hormonal Dysfunction

Hematologic/Lymphatic: Anemia / Large-Volume Blood Loss / Hypocholesteremia / Ulcer

Allergic/Immune: Drug Allergies / Environmental Allergies / Rheumatoid Arthritis / Lupus /
Sjogren's Syndrome

Please list any medications you take:

Medication Allergies:

Environmental & Food Allergies:
