

Tri State Optical Center

Welcome to Our Office!

Dr. Kate Landis / Dr. Erin Kindy / Dr. Dan Landis

Today's Date ___/___/_____

SSN _____

Last Name _____ First Name _____ MI ___ Sex M F Age ___ DOB ___/___/_____

Street Address _____ City _____ State _____ Zip _____

Phone: (Primary) _____ - _____ - _____ Text OK? Y/N (Secondary) _____ - _____ - _____ Text OK? Y/N

Occupation _____ Employer (or school) _____

Email: _____ Emergency contact: _____

Medical History Questionnaire

Patient Eye History (Check all that apply)

Date of Last Eye Exam _____

Do you experience any of the following:

Blurry Vision Burning Double Vision

Floaters Tearing Light Flashes

Eye Turn Headaches Itching

Dryness Discharge

Have you been diagnosed/treated for the following:

Cataracts Eye Infection Glaucoma

Iritis/Uveitis Lazy Eye Eye Trauma

Retinal Detachment Macular Degeneration

Other _____

Ocular Surgeries _____

Are you planning on getting new Glasses today?

Yes No

Do you currently wear contact lenses? Yes No

What Kind? _____

Are you satisfied with your current contacts?

Yes No

Patient Medical History

Family Physician _____

Date of Last Physical ___/___/_____

Current Medication (Have List? Give to front desk)

Allergies to Medications Yes No

If yes, please explain: _____

Have you been diagnosed/treated for the following:

Asthma Arthritis High Blood Pressure

Cancer Cholesterol Heart Disease

Diabetes Recent A1C & Blood Sugar _____

Other: _____

Are you Pregnant or Nursing? Yes No

Family Medical/Eye History (Check all that apply)

Relationship

Blindness _____

Glaucoma _____

Lazy Eye _____

Macular Degeneration _____

Retinal Detachment _____

Diabetes _____

Privacy Agreement*:

I consent to the use and disclosure of my health information for purposes of treatment, payment and health care operations. I understand that if my insurance does not cover the charges for services and/or materials, I am responsible for the amount due.

Signature _____

(Relationship to Patient, if Patient under 18) Print Name

*Notice of Privacy Practices can be furnished upon request.