S | EYE | CARE

Know Your Options

689 Yorktown Road – Ste 104
Lewisberry, PA 17339
(717) 932 – 2020
www.S-EyeCare.com

Patient Eye History

Have you ever been diagnosed with:

Glaucoma	❑ No	❑ Yes
Macular Degeneration	❑ No	❑ Yes
Blindness	❑ No	❑ Yes
Lazy Eye/Eye turn	❑ No	❑ Yes
Corneal Problems	❑ No	❑ Yes
Retinal Problems	❑ No	❑ Yes
Cataracts	❑ No	❑ Yes

Other: ______________________________

Do you currently wear:

Eyeglasses	❑ No	❑ Yes
Contact Lenses	❑ No	❑ Yes

Have you ever had:

Eye Surgery	❑ No	❑ Yes
→*Type*:		
An Eye injury	❑ No	❑ Yes

When was your last eye exam? ____________________ By whom? ______________________________

Would you like your records transferred? ❑ Yes ❑ No

Patient Medical History

Have you ever been diagnosed with:

Diabetes	❑ No	❑ Yes
High Blood Pressure	❑ No	❑ Yes
Elevated Cholesterol	❑ No	❑ Yes
Thyroid Dysfunction	❑ No	❑ Yes
Heart Disease	❑ No	❑ Yes
Rosacea	❑ No	❑ Yes
Arthritis	❑ No	❑ Yes
Asthma	❑ No	❑ Yes
Seasonal Allergies	❑ No	❑ Yes
Cancer	❑ No	❑ Yes
Lupus	❑ No	❑ Yes
Migraines	❑ No	❑ Yes
Multiple Sclerosis	❑ No	❑ Yes

Other: ______________________________

Do you currently smoke? ❑ No ❑ Yes ❑ Quit

When was your last medical exam? ________________ By whom? ________________________

Are you allergic to any medications? ❑ No ❑ Yes ______________________________

Do you take any medications? ❑ No ❑ Yes

Family Medical History

Is there a family medical history of any of the following?

			Relation to Patient (Grandparent, Parent, Sibling)
Glaucoma	❑ No	❑ Yes	______________________________
Macular Degeneration	❑ No	❑ Yes	______________________________
Blindness	❑ No	❑ Yes	______________________________
Lazy Eye/Eye turn	❑ No	❑ Yes	______________________________
Corneal Problems	❑ No	❑ Yes	______________________________
Retinal Problems	❑ No	❑ Yes	______________________________
Diabetes	❑ No	❑ Yes	______________________________

Did you visit our website? ❑ No ❑ Yes

How did you hear about us? ❑ Doctor ❑ Billboard ❑ Insurance ❑ Google ❑ Family or Friend ❑ Small Road Sign ❑ Facebook

I acknowledge that I have had the opportunity to review the Notice of Privacy Practices of S Eye Care, *P.C.* _______ *initial*

Signature (Patient or Guarantor) Date

Thank You!