Welcome to our office - Please complete this medical and eye history.

Name:_____

Cell Phone:_____

Email:_____

Occupation:_____

Family Doctor:_____

Pharmacy/Location: _____

Height/Weight: _____

Are you having any problems with your vision? If yes, please explain.

_____

Please list all medications you are taking (including birth control or any non-prescription medications. **You may give the front desk a list to copy if you have one.**

Medications	**Reason for taking**	**How long on the medication**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you experiencing any…

- ☐ Itchy
- ☐ Burning
- ☐ Watery
- ☐ Redness
- ☐ Floaters
- ☐ Flashes
- ☐ Fluctuation in vision
- ☐ Double vision
- ☐ Contact lens discomfort

Please list any medication and environmental allergies.

_____

Have you ever had an injury or surgery to your eye? If yes, please explain.

_____

Please list past medical surgeries and when they were done.

_____

Tobacco Use/How Long/How much: _____

Do any immediate family members have… (Please list Maternal or Paternal)

Systemic:	**Relative**
☐ Diabetes	_____
☐ High Blood Pressure	_____
☐ Arthritis	_____
☐ Rheumatoid Arthritis	_____
☐ Heart Disease	_____
☐ Thyroid Disease	_____
☐ Cancer (What type)	_____

Ocular:	**Relative**
☐ Glaucoma	_____
☐ Cataracts	_____
☐ Macular Degeneration	_____
☐ Lazy Eye	_____

Do you wear glasses? _____
How old are your current glasses? _____
Do you wear contact lenses? If so, what type/brand? _____

Are you interested in (Check all that apply)…?

- ☐ New glasses
- ☐ Contact lenses
- ☐ Safety Glasses
- ☐ Lasik Surgery
- ☐ Sunglasses
- ☐ Progressive (no-line bifocal)
- ☐ Anti-Glare
- ☐ Transitions

Dr. DeConcilis or Dr. Mowl may need to dilate your pupils to examine the health of the inside of your eyes. This means that you will be given drops that enlarge the pupils. This is the best method to thoroughly examine all the structures and tissues inside your eyes. Dilation usually lasts from 4 to 6 hours. You may experience some blurring, light sensitivity, and difficulty reading during this time. You will be offered disposable sunwear, if desired, at no charge.

The information in this document and your file are held confidential.

Patient's Signature_____