

## **PATIENT FORM**

## **GENERAL INFORMATION**

Full Name	
Preferred Name	
Street Address	
City, State, Zip Code	
Preferred Phone, Type	
Alternate Phone, Type	
Email	
SSN	
Date of Birth (DOB)	
Emergency Contact Name/Phone	
Gender	
Ethnicity	
Race	
Language (Preferred)	

## **OCULAR HISTORY**

Date of Last Eye Exam	
Do you currently wear glasses? Type?	
Do you currently wear contacts? Type?	
Have you had LASIK/PRK/RK?	
Reason for Today's Visit?	

Have you or a family member experienced, or been treated for, any of the following? Circle all that apply			
Cataracts	Yes	No	Family/who?
Glaucoma	Yes	No	Family/who?
Laser Eye Surgery	Yes	No	Family/who?
Lazy Eye	Yes	No	Family/who?
Macular Degeneration	Yes	No	Family/who?
Retinal Detachment	Yes	No	Family/who?
Eye Trauma	Yes	No	Family/who?
Other (please specify)			

Are you currently experiencing, or have experienced, any of the following? Circle all that apply			
Blurry Vision	Yes	No	Family/who?
Burning	Yes	No	Family/who?
Discharge	Yes	No	Family/who?
Double Vision	Yes	No	Family/who?
Dryness	Yes	No	Family/who?
Excess Tearing/Watering	Yes	No	Family/who?
Eye Infection	Yes	No	Family/who?
Eye Pain or Soreness	Yes	No	Family/who?
Floaters or Spots	Yes	No	Family/who?
Headaches	Yes	No	Family/who?
Itching	Yes	No	Family/who?
Light Flashes	Yes	No	Family/who?
Light Sensitivity	Yes	No	Family/who?
Redness	Yes	No	Family/who?
Sandy or Gritty Feeling	Yes	No	Family/who?



Have you or a family member experienced or been treated for, any of the following? Circle all that apply			
Cataracts	Yes	No	Family/who?
Glaucoma	Yes	No	Family/who?
Laser Eye Surgery	Yes	No	Family/who?
Lazy Eye	Yes	No	Family/who?
Macular Degeneration	Yes	No	Family/who?
Retinal Detachment	Yes	No	Family/who?
Eye Trauma	Yes	No	Family/who?

## **MEDICAL HISTORY**

Altergies	MEDICAL HISTORY			
Altergies	Have you or a family member experienced, or bee	en treated for, any of t	he following?	Circle below
Arthritis Yes No Family/who?  Asthma Yes No Family/who?  Blood/Lymph Disorder Yes No Family/who?  Cancer Yes No Family/who?  Diabetes Yes No Family/who?  Ears, Nose, Throat Conditions Yes No Family/who?  Ears, Nose, Throat Conditions Yes No Family/who?  Gastrointestinal Conditions Yes No Family/who?  Heart Disease Yes No Family/who?  High Blood Pressure Yes No Family/who?  High Cholesterol Yes No Family/who?  Kidney Disease Yes No Family/who?  Lupus Yes No Family/who?  Neurological Conditions Yes No Family/who?  Neurological Conditions Yes No Family/who?  Seizures Yes No Family/who?  Seizures Yes No Family/who?  Stroke Yes No Family/who?  Stroke Yes No Family/who?  Current Medications  Drug Allergies  Primary Pharmacy  Primary Care Physician  Advanced Care Physician  Height  Weight  Are you pregnant or nursing?	AIDS/HIV	Yes	No	Family/who?
Asthma Yes No Family/who? Blood/Lymph Disorder Yes No Family/who? Cancer Yes No Family/who? Diabetes Yes No Family/who? Ears, Nose, Throat Conditions Yes No Family/who? Gastrointestinal Conditions Yes No Family/who? Heart Disease Yes No Family/who? High Blood Pressure Yes No Family/who? High Cholesterol Yes No Family/who? Kidney Disease Yes No Family/who? Kidney Disease Yes No Family/who? Neurological Conditions Yes No Family/who? Psychiatric Disorder Yes No Family/who? Seizures Yes No Family/who? Seizures Yes No Family/who? Stroke Yes No Family/who? Stroke Yes No Family/who? Stroke Yes No Family/who? Current Medications  Drug Allergies Primary Pharmacy Primary Care Physician Advanced Care Physician Advanced Care Physician Height Weight Are you pregnant or nursing?	Allergies	Yes	No	Family/who?
No   Family/who?	Arthritis	Yes	No	Family/who?
Cancer Yes No Family/who? Diabetes Yes No Family/who? Ears, Nose, Throat Conditions Yes No Family/who?  Gastrointestinal Conditions Yes No Family/who?  Gastrointestinal Conditions Yes No Family/who?  Heart Disease Yes No Family/who?  High Blood Pressure Yes No Family/who?  High Cholesterol Yes No Family/who?  Kidney Disease Yes No Family/who?  Lupus Yes No Family/who?  Neurological Conditions Yes No Family/who?  Psychiatric Disorder Yes No Family/who?  Seizures Yes No Family/who?  Skin Conditions Yes No Family/who?  Skin Conditions Yes No Family/who?  Stroke Yes No Family/who?  Stroke Yes No Family/who?  Current Medications  Drug Allergies  Primary Pharmacy  Primary Care Physician  Advanced Care Physician  Advanced Care Physician  Height  Weight  Are you pregnant or nursing?	Asthma	Yes	No	Family/who?
Diabetes Yes No Family/who?  Ears, Nose, Throat Conditions Yes No Family/who?  Gastrointestinal Conditions Yes No Family/who?  Heart Disease Yes No Family/who?  High Blood Pressure Yes No Family/who?  High Cholesterol Yes No Family/who?  Kidney Disease Yes No Family/who?  Neurological Conditions Yes No Family/who?  Neurological Conditions Yes No Family/who?  Neurological Conditions Yes No Family/who?  Seizures Yes No Family/who?  Skin Conditions Yes No Family/who?  Skin Conditions Yes No Family/who?  Stroke Yes No Family/who?  Current Medications  Drug Allergies  Primary Pharmacy  Primary Care Physician  Advanced Care Physician  Height  Weight  Are you pregnant or nursing?	Blood/Lymph Disorder	Yes	No	Family/who?
Ears, Nose, Throat Conditions  Yes  No  Family/who?  Gastrointestinal Conditions  Yes  No  Family/who?  Heart Disease  Yes  No  Family/who?  High Blood Pressure  High Cholesterol  Kidney Disease  Yes  No  Family/who?  Heart Disease  Yes  No  Family/who?  High Cholesterol  Yes  No  Family/who?  Kidney Disease  Yes  No  Family/who?  Lupus  Yes  No  Family/who?  Reurological Conditions  Yes  No  Family/who?  Psychiatric Disorder  Yes  No  Family/who?  Seizures  Yes  No  Family/who?  Skin Conditions  Yes  No  Family/who?  Stroke  Yes  No  Family/who?  Thyroid Dysfunction  Yes  No  Family/who?  Thyroid Dysfunction  Current Medications  Drug Allergies  Primary Pharmacy  Primary Care Physician  Advanced Care Physician  Height  Weight  Are you pregnant or nursing?	Cancer	Yes	No	Family/who?
Gastrointestinal Conditions  Yes  No Family/who? Heart Disease  Yes  No Family/who? High Blood Pressure  High Cholesterol  Kidney Disease  Yes  No Family/who?	Diabetes	Yes	No	Family/who?
Heart Disease  Yes  No  Family/who?  High Blood Pressure  Yes  No  Family/who?  High Cholesterol  Yes  No  Family/who?  Kidney Disease  Yes  No  Family/who?  Kidney Disease  Yes  No  Family/who?  Neurological Conditions  Yes  No  Family/who?  Psychiatric Disorder  Yes  No  Family/who?  Seizures  Yes  No  Family/who?  Skin Conditions  Yes  No  Family/who?  Stroke  Yes  No  Family/who?  Thyroid Dysfunction  Yes  No  Family/who?  Current Medications  Drug Allergies  Primary Pharmacy  Primary Care Physician  Advanced Care Physician  Height  Weight  Are you pregnant or nursing?	Ears, Nose, Throat Conditions	Yes	No	Family/who?
High Blood Pressure  Yes No Family/who?  High Cholesterol  Yes No Family/who?  Kidney Disease  Lupus  No Family/who?  Lupus  No Family/who?  No Family/who?  No Family/who?  No Family/who?  Psychiatric Disorder  Yes No Family/who?  Psychiatric Disorder  Yes No Family/who?  Seizures  Yes No Family/who?  Skin Conditions  Yes No Family/who?  Stroke Yes No Family/who?  Thyroid Dysfunction  Yes No Family/who?  Thyroid Dysfunctions  Drug Allergies  Primary Pharmacy  Primary Care Physician  Advanced Care Physician  Height  Weight  Are you pregnant or nursing?	Gastrointestinal Conditions	Yes	No	Family/who?
High Cholesterol  Yes  No Family/who?  Kidney Disease  Yes  No Family/who?  Lupus  Yes  No Family/who?  Neurological Conditions  Yes  No Family/who?  Psychiatric Disorder  Yes  No Family/who?  Psychiatric Disorder  Yes  No Family/who?  Seizures  Yes  No Family/who?  Skin Conditions  Yes  No Family/who?  Stroke  Yes  No Family/who?  Thyroid Dysfunction  Yes  No Family/who?  Thyroid Dysfunctions  Current Medications  Drug Allergies  Primary Pharmacy  Primary Care Physician  Advanced Care Physician  Height  Weight  Are you pregnant or nursing?	Heart Disease	Yes	No	Family/who?
Kidney Disease Yes No Family/who?  Lupus Yes No Family/who?  Neurological Conditions Yes No Family/who?  Psychiatric Disorder Yes No Family/who?  Seizures Yes No Family/who?  Skin Conditions Yes No Family/who?  Stroke Yes No Family/who?  Stroke Yes No Family/who?  Thyroid Dysfunction Yes No Family/who?  Current Medications  Drug Allergies  Primary Pharmacy  Primary Care Physician  Advanced Care Physician  Height  Weight  Are you pregnant or nursing?	High Blood Pressure	Yes	No	Family/who?
Lupus Yes No Family/who?  Neurological Conditions Yes No Family/who?  Psychiatric Disorder Yes No Family/who?  Seizures Yes No Family/who?  Skin Conditions Yes No Family/who?  Stroke Yes No Family/who?  Thyroid Dysfunction Yes No Family/who?  Current Medications  Drug Allergies  Primary Pharmacy  Primary Care Physician  Advanced Care Physician  Height  Weight  Are you pregnant or nursing?	High Cholesterol	Yes	No	Family/who?
Neurological Conditions  Yes  No  Family/who?  Psychiatric Disorder  Yes  No  Family/who?  Seizures  Yes  No  Family/who?  Skin Conditions  Yes  No  Family/who?  Stroke  Yes  No  Family/who?  Thyroid Dysfunction  Yes  No  Family/who?  Current Medications  Drug Allergies  Primary Pharmacy  Primary Care Physician  Advanced Care Physician  Height  Weight  Are you pregnant or nursing?	Kidney Disease	Yes	No	Family/who?
Psychiatric Disorder  Yes No Family/who?  Seizures Yes No Family/who?  Skin Conditions Yes No Family/who?  Stroke Yes No Family/who?  Thyroid Dysfunction Yes No Family/who?  Thyroid Dysfunction Yes No Family/who?  Thyroid Dysfunction  Current Medications  Drug Allergies  Primary Pharmacy  Primary Care Physician  Advanced Care Physician  Height  Weight  Are you pregnant or nursing?	Lupus	Yes	No	Family/who?
Seizures  Yes No Family/who?  Skin Conditions Yes No Family/who?  Stroke Yes No Family/who?  Thyroid Dysfunction Yes No Family/who?  Thyroid Dysfunction  Current Medications  Drug Allergies Primary Pharmacy Primary Care Physician Advanced Care Physician Height Weight Are you pregnant or nursing?	Neurological Conditions	Yes	No	Family/who?
Skin Conditions  Yes  No Family/who?  Stroke  Yes  No Family/who?  Thyroid Dysfunction  Yes  No Family/who?  Yes  No Family/who?  Famil	Psychiatric Disorder	Yes	No	Family/who?
Stroke Yes No Family/who? Thyroid Dysfunction Yes No Family/who?  Current Medications  Drug Allergies Primary Pharmacy Primary Care Physician Advanced Care Physician Height Weight Are you pregnant or nursing?	Seizures	Yes	No	Family/who?
Thyroid Dysfunction  Yes  No  Family/who?  Current Medications  Drug Allergies  Primary Pharmacy  Primary Care Physician  Advanced Care Physician  Height  Weight  Are you pregnant or nursing?	Skin Conditions	Yes	No	Family/who?
Current Medications  Drug Allergies  Primary Pharmacy  Primary Care Physician  Advanced Care Physician  Height  Weight  Are you pregnant or nursing?	Stroke	Yes	No	Family/who?
Drug Allergies Primary Pharmacy Primary Care Physician Advanced Care Physician Height Weight Are you pregnant or nursing?	Thyroid Dysfunction	Yes	No	Family/who?
Primary Pharmacy Primary Care Physician Advanced Care Physician Height Weight Are you pregnant or nursing?	Current Medications			
Primary Care Physician Advanced Care Physician Height Weight Are you pregnant or nursing?	Drug Allergies			
Advanced Care Physician Height Weight Are you pregnant or nursing?	Primary Pharmacy			
Height Weight Are you pregnant or nursing?	Primary Care Physician			
Weight Are you pregnant or nursing?	Advanced Care Physician			
Are you pregnant or nursing?	Height			
	Weight			
Do you smoke? Frequency?	Are you pregnant or nursing?			
	Do you smoke? Frequency?			

Please submit completed forms via email to the Apex office at Apex@NCEyeAssociates.com or the Zebulon office at Zebulon@NCEyeAssociates.com.

<sup>\*</sup>Disclaimer: Although typically secure, email is not fully protected against malicious activity. Patients may submit forms via email and disclose patient-sensitive information at their own discretion. For absolute security, please print out the form and bring with you to your appointment.