Sun Valley Eye Care, Inc.

Patient Name: _____ Date of Birth_____

REASON FOR VISITING OUR OFFICE (please check all that apply):

- ☐ Annual (Well-Vision) Exam
- ☐ Contact Lens Exam (please complete our survey form)
- ☐ Blurred Near and/or Distance Vision
- ☐ Trouble Seeing at Night
- ☐ Computer Eye Strain
- ☐ Lost or Broken Glasses
- ☐ Lenses are Scratched
- ☐ Want New Glasses
- ☐ Want Thinner/Lighter Glasses

The Below Symptoms May Require a Medical Exam

- ☐ Headaches
- ☐ Eyes: burn itch water feel tired feel dry
- ☐ Flashes of Light
- ☐ Floaters (black specks & spots)
- ☐ Foreign Body (something in the eye)
- ☐ Other (please explain):
- ☐ _____
- ☐ _____

When was your last eye exam (month/year)? _____

Where was your last eye exam (office name/doctor name)? _____

MEDICAL CONDITIONS: Please check **("S" for self)** or **("F" for family)** or if none apply, mark **None**

Ocular History: None

S	F		S	F	
☐	☐	Glaucoma	☐	☐	Cataracts
☐	☐	Macular Degeneration	☐	☐	Blindness
☐	☐	Retinal Detachment	☐	☐	Eye Infections/Ulcers
☐	☐	Retinal Tear/Hole	☐	☐	Eye Surgery/Injury
☐	☐	Amblyopia (lazy eye)	☐	☐	Flashes/Floaters
☐	☐	Strabismus (eye turn)	☐	☐	

Medical History: None

S	F		S	F	
☐	☐	High Blood Pressure	☐	☐	Diabetes
☐	☐	Heart problems	☐	☐	High Cholesterol
☐	☐	Thyroid problems	☐	☐	Allergies
☐	☐	Cancer/Tumors	☐	☐	Sinus problems
☐	☐	Arthritis	☐	☐	Headaches
☐	☐	Lupus	☐	☐	Pregnant

Do you smoke? Yes No If yes, please indicate frequency _____

Please provide Primary Care Physician info including phone number, date of last visit, & any other pertinent info

_____

Please list all the medications you are currently taking or write NONE

_____

_____

_____

Do you have any allergies to medications? (Please list all that apply) or write NONE

_____

Do you have/ have you had any injuries, major surgeries, illnesses, and/or diseases? Please describe below:

_____

_____

_____

I certify that the medical information provided is as current and accurate as possible.

Patient or Guardian Signature: _____ Date _____

Printed Name: _____