# Welcome Back to our Office!

**Please *ANSWER ALL QUESTIONS* in INK**

Name _____Date_____.
Mailing address(City, State, Zip)_____.
_____.
Phones *Home*_____*Work*_____*Cell*_____.
Email_____DOB ___/___/___.

What is the reason(s) for your visit today?_____.

How many hours per day (average) do you spend using a computer?_____.

Please list your Current Insurance information- (or show us your cards)

Vision-
Plan name_____
Member #_____

Health-
Plan name_____.
Member #_____.

Do you plan to get new glasses? Yes No
Do you plan to order more contacts? Yes No N/A

Do you have any hobbies /sports / activities which we can help you enjoy by designing a specific visual solution?_____.
_____.
_____.

Please list any issues you wish to discuss today (ex- Contact Lenses, LASIK, Non-surgical "LASIK", etc)_____.
_____.
_____.

Please list any medications you take, followed by the condition the medication is for (ex- aspirin (headache), or you may give us a list of your medications so that we may make a copy of it)_____.
_____.
_____.
_____Or if you don't take any circle-> NONE

Please list any EYE diseases (ex. cataracts, glaucoma, macular degeneration, retinal detachment, retinitis pigmentosa, etc) in your family (blood relatives only)_____.
_____.
_____If there are none circle-> NONE

If you wear contact lenses, please turn over and fill in contact lens information.
**Thanks for taking the time to fill out our form. We are happy to see you again!**

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**Please *ANSWER ALL QUESTIONS* in INK**

Are your contacts (circle) soft or gas permeable ?

How old is this pair of contacts?_____

How often do you change from one pair to the next?_____

What cleaning/disinfecting solutions do you use?_____

Do you rub your contacts to clean them when you remove them? Yes No

What is your wearing schedule? _____Hrs/day _____Days/ week

How often do you sleep in your contact lenses?_____

Would you like to discuss contacts that can be left on overnight? Yes No

Would you like to discuss colored contact lenses? Yes No

Please list any problems you have with your contact lenses _____

_____

**Please note that most insurance plans do not cover the evaluation and fitting of contact lenses. When that is the case, you will be responsible for those charges.**

Please initial that you understand this. _____