



Welcome to Our Office

Name: _____ Date of Birth _____

Address: _____

Home Phone: _____ Work Phone _____ Cell Phone: _____ E-mail address _____

Employer _____ Occupation _____

Vision Insurance Y/N _____ SSN# last 4 digits _____

Date of last eye exam _____ Previous Doctor _____

Spouse or Partner _____

Children _____

How did you hear about our office? _____

Please check any of the following reasons for this exam:

- New Glasses Contact Lenses Reading Glasses Computer Glasses Eye Health Examination Other _____

Do you have any of the following? If Yes, please check the box

- Blurry Vision Dry Eyes Flashes/Floaters Wear Glasses Wear Contact lenses Light Sensitivity
 Double Vision Eye Injuries Eye Surgeries Tired Eyes Itchy Eyes

Any eye problems at this time, please explain: _____

Do you have a family history of any of the following? If Yes, please check the box

- Glaucoma Macular Degeneration Retinal Detachment High Blood Pressure Diabetes Cataracts

Please explain any boxes you have checked: _____

Personal Medical Information: Do you have problems with any of these systems? If Yes, please check box:

- Gastrointestinal Nervous System Mental Ear/Nose/Throat Skin Endocrine (Glands)
 Genitourinary Cardiovascular Musculoskeletal Blood/Lymph Headaches Allergic/Immunologic
 Respiratory Surgeries (what type and when) _____

Are you in good health? Yes No

Do you have any allergies to medications? No Yes If yes, explain _____

Do you take medications? Yes No If yes, please list _____

Name of general physician _____

Please check Yes or No

Do you smoke? No Yes How much? _____

Do you drink? No Yes How much? _____

I understand that if my insurance eligibility cannot be verified, or if my insurance does not pay the amount due to my account, that I will be financially responsible for payment of all charges incurred for services received from Sausalito Optometry, Inc.

Privacy Notice: This office's privacy practices are in accord with HIPPA regulations. A copy is provided at any visit. Your signature indicates that you have been advised of this information.

Signature _____ Date _____