



112 Val Verde Street
Altus, OK 73521
580-482-0051

500 N Washington Ave
Weatherford, OK 73096
580-772-3232

Today's Date: _____

First Name _____ MI _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home# () _____ Cell# () _____

DOB ____/____/____ SS# _____

Male _____ Female _____ E-mail address _____

Emergency Contact Name _____ #() _____

INSURANCE _____ ID# _____

Preferred Contact Method: (Circle all that apply) Email Text Phone

Medical History

Eye surgeries/Injuries _____ Date(s) _____

Head injuries _____ Date(s) _____

Other Surgeries (Last 5 years) _____ Date(s) _____

Date of last eye exam _____ Were you dilated? _____

Have you or do you have any of the following:

Retinal Detachment yes/no

Macular Degeneration yes/no

Glaucoma yes/no

Blurred Vision yes/no

Dry Eyes yes/no

Cataracts yes/no

Seizures yes/no

Other _____

Please turn over to complete back portion

MEDICAL HISTORY

Do you have problems/symptoms related to any of the following: *(please circle yes or no)*

Headaches	Yes/No	Blood	Yes/No
High Blood Pressure	Yes/No	Ears/Nose/Throat	Yes/No
Heart	Yes/No	Gastrointestinal	Yes/No
Respiratory	Yes/No	Skin	Yes/No
Muscles/Skeletal	Yes/No	Nervous/Nerves	Yes/No
Urinary	Yes/No	Endocrine	Yes/No
Lymph Nodes	Yes/No	Immune	Yes/No
Fainting	Yes/No	Cancer	Yes/No

FAMILY HISTORY

Does any of your immediate family have any of the following: *(please circle yes or no)*

Diabetes	Yes/No	Macular Degeneration	Yes/No
Glaucoma	Yes/No	Retinal Detachment	Yes/No
Cataracts	Yes/No	High Blood Pressure	Yes/No
Cancer	Yes/No	Blindness	Yes/No

If **YES** to cancer, what type/where? _____

Do you have diabetes? YES _____ NO _____ Type? _____

Are you allergic to any medication? **Yes/No** If **YES**, what & what reaction? _____

Current Medication _____

Who is your Family Physician? _____ Number () _____

How did you hear about us? _____