

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Work Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone #: \_\_\_\_\_

**What influenced your decision to visit UOCW Vision Centers:**

- Friends/Family
- Employer/Co-Worker
- Web Site
- Doctor
- Radio (station\_\_\_\_\_)
- Mailed Advertisement
- Insurance
- Other \_\_\_\_\_

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**If you were referred to us, whom may we thank?**

\_\_\_\_\_

**Who is your current Eye Doctor?**

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**Reasons for Vision Correction:**

- Less dependence on glasses/contact lenses
- Recreational activities
- Safety
- Contact lens difficulties
- Dry eyes
- Occupational requirement
- Other: \_\_\_\_\_

**Medical/Ocular History**

Please indicate any medical conditions:

Diabetes	HIV positive	Pregnancy
Hypertension	Heart problems	Pacemaker Asthma
	Herpes Zoster	Migraine
Thyroid	Other: _____	

  

Dry Eyes	Ocular Herpes	Cataracts
Eye Allergies	Glaucoma	Floaters
Retinal Disease	Other: _____	

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Do you wear contact lenses? Yes No

- Soft Contacts
- Toric Contacts
- Gas Permeable Contacts
- Hard Contacts

How many years have you worn contacts? \_\_\_\_\_

When were your contacts last worn? \_\_\_\_\_

How long have you had the same eye prescription?  
 \_\_\_\_\_

Have you ever been told you were a bad candidate for refractive surgery? Yes No

Do you have a family history of keratoconus? Yes No

Has anyone in your family had LASIK or refractive surgery? Yes No

Medications:

Drug Allergies:

Past Eye Surgery:

- Candidate for:
- Lasik
  - PRK
  - Standard
  - Custom
  - Intralase
  - Visian
  - IOL
  - ReStor
  - ReZoom
  - Intacs
  - Monovision**

 Notes:  
  
 Discussed Monovision?

Glasses:	OD _____ X _____	OS _____ X _____
MR:	OD _____ X _____	OS _____ X _____
AR/WP:	OD _____ X _____	OS _____ X _____
Wavescan:	OD _____ X _____	OS _____ X _____
Pupils:	OD _____ dim illumination	OS _____ dim illumination
Pach:	OD _____ microns	OS _____ microns
		Tech: _____