

WELCOME TO COLUMBIANA VISION CARE

Today's Date: ___/___/___

PLEASE COMPLETE THE FOLLOWING:

Name (last, first): _____ Date of Birth: ___/___/___

Address: _____ City: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____ Preference: Home Cell

Insurance (Medical/Vision): _____ SS# (age 21 & over) _____ - _____ - _____

Last EYE Doctor/Location: _____ Date of last EYE exam: ___/___/___

Primary Care Physician/Location: _____ Date of last PHYSICAL exam: ___/___/___

Pharmacy/Location: _____ Employer/Occupation: _____

SPECTACLE / CONTACT LENS

Do you wear glasses? Yes No Full Time Part Time Distance Only Reading Only Multifocal

How old are your current glasses? _____

Do you wear contact lenses? Yes No Brand of Contact Lens: _____

Computer use: How many total hours per day do you use a computer, cell phone, tablet, or play video games?

- 0-2 hours 2-4 hours 4-6 hours more than 6 hours

Do you use computer glasses? Yes No

What sports/hobbies do you participate in? _____

Do you wear any special eyewear for your sport/hobby? _____

What is the MAIN reason for your visit today? _____

Do you have any other visual / eye problems? _____

REVIEW OF SYSTEMS Are you currently experiencing any of the following symptoms?

Please check here if ALL review of systems is NO

Category	Current Symptoms	Yes	Category	Current Symptoms	Yes	Category	Current Symptoms	Yes
Constitutional	Fever		Genitourinary	Blood in urine		Psychiatric	Disorientation	
	Unexplained weight loss			Difficulty urinating			Memory lapses	
	Unexplained fatigue		Head	Sore throat		Respiratory	Ongoing depression	
Cardiovascular	Chest pain			Hearing loss			Wheezing	
	Difficulties with exertion			Hoarse voice			Shortness of breath	
Endocrine	Irregular heart-beat		Loss of smell		Musculoskeletal	Persistent cough		
	Increased urination		Hematologic/Lymphatic	Sinus congestion			Unexplained muscle pain	
	Increased appetite			Bleeding problems			Joint pain/restricted movement	
	Increased thirst		Swollen glands		Neurologic	Lower back pain		
Neck pain		Easy bruising		Muscle weakness				
Gastrointestinal	Indigestion		Integumentary (Skin)	Unexplained skin rashes			Tingling in extremities	
				Dry skin			Headaches	
				Itching of skin		Dizziness		
				Pigmented skin		Dimming vision		

