

# WELCOME TO OUR OFFICE

# KUYKENDAHL EYE CENTER

In order to aid in evaluating your Ocular Health thoroughly and completely please complete the following questionnaire. This will become a part of your office record and will be held in strict confidence

Dr. William F. Moyer  
Therapeutic Optometrist

## PATIENT FORM

PLEASE PRINT

Mr. Dr.

Mrs. Ms.

Miss Master: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date: \_\_\_\_\_

If Patient is a child - Name of parent or guardian \_\_\_\_\_

Patient Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ EMAIL # \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Employer \_\_\_\_\_ VISION INS: \_\_\_\_\_ MEMBER #: \_\_\_\_\_

Other family members (if they are a patient of ours please put a check in the box.)

If married, name of spouse \_\_\_\_\_

name of children \_\_\_\_\_

Whom may we thank for the referral? Person's name \_\_\_\_\_ Family  Friend   
 Yellow Pages  Direct Mail  Newspaper  Doctor/Optician  Location  United  Other

Please check your preferred method of payment:  VSP  
 Cash  Check  Visa/Mastercard  Amex  Discover  Medicare

Purpose of today's visit? \_\_\_\_\_

### IN AN EFFORT TO INFORM OUR PATIENT'S OF OUR SERVICES, PLEASE CHECK ANY OF THE FOLLOWING THAT WE MAY SERVE YOU OR YOUR FAMILY

- Vision Screenings for family members  Yes  No
- Vision Screening for senior family member  Yes  No
- Disposable contact lens trial fittings  Yes  No
- Radial Keratotomy consultations  Yes  No
- Quarterly fashion eyewear sale and show  Yes  No
- Bifocal or "Unilens" evaluations  Yes  No

### PLEASE COMPLETE THE FOLLOWING (Check if applicable)

#### GENERAL HEALTH

- Asthma
- Diabetes
- Fainting
- Drug Sensitivity
- Heart Trouble
- Anemia
- High Blood Pressure
- Skin Condition
- Major Surgery
- Thyroid Trouble
- Sinus Trouble
- Epilepsy
- Frequent Headaches
- Allergies \_\_\_\_\_

#### EYE HEALTH

- Eye Diseases
- Eye Surgery
- Eye or Head Injury
- Glaucoma
- Cataracts
- Blurring, Itching Watering Eyes
- Double Vision
- Sensitive to Light
- Difficulty Driving at Night
- Lazy Eye
- Sees Flashing Lights

#### HAS ANYONE IN YOUR IMMEDIATE FAMILY HAD:

- Diabetes
- High Blood Pressure
- Heart Disease
- Thyroid Trouble
- Tuberculosis
- Eye Diseases
- Glaucoma
- Crossed Eyes
- Cataracts
- Blindness

Medication presently taking? \_\_\_\_\_

Thank You For Selecting Our Office For Your Visual Care