Kimberly McLeod, OD *S. Gary Mizerak, OD*

WELCOME TO
McLeod Eye Associates, P.C.

NAME_____ DOB_____/_____/_____ DATE_____

ADDRESS (Residential/Mailing)_____AGE_____

CITY_____ STATE_____ ZIP_____ OCCUPATION _____

PRIMARY PHONE(Hm/Wk/Cell) (_____)_____ ALT. PHONE(Hm/Wk/Cell) (_____)_____

EMAIL ADDRESS_____

~GENERAL INFORMATION~

Do you wear glasses for: DISTANCE; READING; BOTH; NONE (PLEASE **CIRCLE**)
What is the reason for your visit today?_____
When was your last **EYE** exam if elsewhere?_____Doctor's Name_____

Have you had any of the following eye problems? (**CHECK** all that apply)

_____Pain	_____Glaucoma	_____Infections	_____Headaches
_____Redness	_____Cataracts	_____Flashes of Light	_____Blurry Vision
_____Eye Turn	_____Injury	_____Floating Spots	_____Other_____
_____Retinal Problems	_____Surgery	_____Double Vision	_____

Do you have any of the following medical conditions? (**CHECK** all that apply)

_____High Blood Pressure	_____Cancer	_____Allergies (please explain)
_____Diabetes	_____Pregnant	_____
_____High Cholesterol	_____HIV	_____

Do any of your <u>immediate family members</u> (parents, siblings, grandparents) have any of the following eye/medical problems? (**CHECK** all that apply)

_____High Blood Pressure	_____Cataracts	_____Glaucoma
_____Diabetes	_____Lazy Eye	_____Retinal Problems

Please list any medications you are currently taking (prescription & over-the-counter) : _____
_____

When was your last **PHYSICAL** exam?_____PCP Doctor's Name _____
PCP Office Info_____

VISION Insurance Plan:_____
Primary Card Holder:_____ DOB:_____

MEDICAL Insurance Plan:_____
Primary Card Holder:_____ DOB:_____

How many hours a day do you spend doing computer work or paperwork?_____
If this is your first time here, how did you find out about our office? _____

~CONTACT LENS INFORMATION~

Date of last CL checkup _____ Date you last wore your lenses: _____
Average wear time (Hrs/Day) _____ Current contact lens age: _____
Current CL Info R:_____
L:_____

Your cleaning and disinfecting method is: ___Renu ___Opti-free ___Revitalens ___Clear Care
___Boston System ___Other_____