



**PATIENT CHECK-IN**

Date \_\_\_\_\_ Appt Time \_\_\_\_\_

New Patient \_\_\_\_\_ Existing Patient \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name MI Date-of-Birth Last 4 of SSN

\_\_\_\_\_  
Address City, State Zip Code Male OR Female

\_\_\_\_\_  
Cell # Alt # Email

\_\_\_\_\_  
Vision Insurance Primary/Subscriber Name Member ID or SSN

**ACTIVITIES** (Check all that apply)

- Swimming
- Night driving
- Hunting
- Sewing/knitting
- Fishing
- Comp/phone/tablet \_\_\_\_\_ hrs/day
- Gardening
- Other \_\_\_\_\_

**INTERESTED IN** (Check all that apply)

- Laser vision correction
- Computer glasses
- Progressive lenses
- Sunglasses
- Thinner, lighter lenses
- Transition lenses
- Sports/safety goggles
- Other \_\_\_\_\_
- Contacts
- Contacts I can sleep in
- Colored contacts
- Multi-focal contacts

**PERSONAL HISTORY** (Check all that apply)

SAME AS LAST YEAR

- Blurry vision
- Dry eyes
- Eye injury
- Arthritis
- Thyroid
- Cholesterol
- Floater/Spots
- Tearing
- Lazy eyes
- Headaches
- Asthma
- Iritis/Uveitis
- Crossed eyes
- Cataracts
- Itchy eyes
- Heart disease
- Cancer
- Hypertension
- Eye surgery
- Burning eyes
- Blindness
- Light sensitivity
- Diabetes
- Smoking
- Eye infections
- Double vision
- Glaucoma
- Grittiness in eyes
- Allergies
- Other \_\_\_\_\_

**FAMILY HISTORY** (Check all that apply)

SAME AS LAST YEAR

- Cancer
- Allergies
- Asthma
- Glaucoma
- Cholesterol
- Heart disease
- Macular degeneration
- Thyroid
- Arthritis
- Diabetes
- Blindness
- Hypertension
- Iritis/Uveitis
- Other \_\_\_\_\_

LIST CURRENT MEDICATIONS: \_\_\_\_\_

**OFFICE USE ONLY**

- Comp Exam 159
- Refraction 45
- Optos 30
- CL Fit Sphere 60
- CL Fit Toric 80
- CL Fit MF 90
- CL Fit RGP 130
- CL Fit Specialty 300
- Office Visit L1
- Office Visit L2
- Office Visit L3

- Order contacts
- Call to order contacts
- Follow-up required
- Order trials

- Dr. Lai
- Dr. Le
- Other \_\_\_\_\_

**PRELIMINARY TESTING**

OD \_\_\_\_\_

OS \_\_\_\_\_

IOP \_\_\_\_\_



**PREVIOUS RX**

OD \_\_\_\_\_

OS \_\_\_\_\_

**PREVIOUS CONTACT RX**

OD \_\_\_\_\_

OS \_\_\_\_\_

**FINAL RX**

OD \_\_\_\_\_

OS \_\_\_\_\_

**FINAL CONTACT RX**

OD \_\_\_\_\_

OS \_\_\_\_\_