CDR EYE ASSOCIATES

Name ____ Date ____ / ____ /____

Street ____ Apt. # ______

City ______________________________ State ___________ Zip ___________

Home Phone ______-______-________ Cell ______-______-________ Work ______-______-_______

Date of Birth ____ / ____ / ____ Age ____ Sex M ____ F ____ Parent/Guardian _______________

Email ________________________ Occupation/School _________________________

Hobbies/Interests: ____

Insurance ____________________ Name of Insured ___________________________

Insurance ID __________________________ Employer ________________________

Primary DOB ____ / ____ / ____

Reason for visit? _________________________ Who referred you? _________________

Date of last eye exam? _____________________ By whom? ______________________

Have you ever been treated for or told you have the following?

Medical			Ocular		
Heart Disease	Yes ☐	No ☐	Blurred Vision	Yes ☐	No ☐
High Blood Pressure	Yes ☐	No ☐	Double Vision	Yes ☐	No ☐
High Cholesterol	Yes ☐	No ☐	Cataracts	Yes ☐	No ☐
Diabetes	Yes ☐	No ☐	Flashes of light	Yes ☐	No ☐
Thyroid	Yes ☐	No ☐	Floaters	Yes ☐	No ☐
Stroke	Yes ☐	No ☐	Eye Injury	Yes ☐	No ☐
Ulcers	Yes ☐	No ☐	Eye Surgery	Yes ☐	No ☐
Headaches	Yes ☐	No ☐	Eye Turn or Lazy Eye	Yes ☐	No ☐
Respiratory Problems	Yes ☐	No ☐	Glaucoma	Yes ☐	No ☐
Cancer	Yes ☐	No ☐	Macular Degeneration	Yes ☐	No ☐
Sinus	Yes ☐	No ☐	Dry Eye	Yes ☐	No ☐
Allergies	Yes ☐	No ☐	Have glasses?	Yes ☐	No ☐
HIV	Yes ☐	No ☐	Have contacts?	Yes ☐	No ☐
Hepatitis A B C	Yes ☐	No ☐			
Pregnant now?	Yes ☐	No ☐	Family History		
Do you smoke?	Yes ☐	No ☐	Glaucoma	Yes ☐	No ☐
			Diabetes	Yes ☐	No ☐
Other? _______________	_________________		Macular Degeneration	Yes ☐	No ☐
_____________________	_________________		Blindness	Yes ☐	No ☐

Current Medications

1. ______________________________________
2. ______________________________________
3. ______________________________________
4. ______________________________________
5. ______________________________________
6. ______________________________________
7. ______________________________________
8. ______________________________________
9. ______________________________________
10. _____________________________________