Landis Eye Care

Dr. Daniel Landis / Dr. Mary Sullivan

Welcome to Our Office!

Today's Date____/____/_____

Last Name_____ First Name_____ MI____ Sex M F Age____ DOB____/____/_____

Street Address_____ City_____ State_____ Zip_____

Phone: (Home)_____-_____-_____ (Cell)_____-_____-_____ (Other)_____-_____-_____

Occupation_____ Employer (or school)_____ Spouse (or Parent's) Name_____

Medical History Questionnaire

Patient Eye History (Check all that apply)

Date of Last Eye Exam _____

Do you experience any of the following:

☐ Blurry Vision ☐ Burning ☐ Double Vision

☐ Floaters ☐ Tearing ☐ Light Flashes

☐ Eye Turn ☐ Headaches ☐ Itching

☐ Dryness ☐ Discharge

Have you been diagnosed/treated for the following:

☐ Cataracts ☐ Eye Infection ☐ Glaucoma

☐ Iritis/Uveitis ☐ Lazy Eye ☐ Eye Trauma

☐ Retinal Detachment ☐ Macular Degeneration

Other_____

Are you planning on getting new Glasses Today?

☐ Yes ☐ No

Do you currently wear contact lenses? ☐ Yes ☐ No

What Kind?_____

Are you satisfied with your current contacts?

☐ Yes ☐ No

Patient Medical History

Family Physician_____

Date of Last Physical ____/_____/_____

Current Medication (prescription or over the counter)

_____

_____

_____

Allergies to Medications ☐ Yes ☐ No

If yes, please explain:_____

_____

Have you been diagnosed/treated for the following:

☐ Allergies ☐ Asthma ☐ Arthritis

☐ Cancer ☐ Cholesterol ☐ Diabetes

☐ Heart Disease ☐ High Blood Pressure

Other:_____

Are you Pregnant or Nursing? ☐ Yes ☐ No

Family Medical/Eye History (Check all that apply)

Relationship

☐ Blindness _____

☐ Glaucoma _____

☐ Lazy Eye _____

☐ Macular Degeneration _____

☐ Retinal Detachment _____

☐ Diabetes _____

Privacy Agreement*:

I consent to the use and disclosure of my health information for purposes of treatment, payment and health care operations. I understand that if my insurance does not cover the charges for services and/or materials, I am responsible for the amount due.

Signature_____

_____

(Relationship to Patient, if Patient under 18) Print Name

*Notice of Privacy Practices can be furnished upon request.