

Guardian:

Date: 3/13/15

704

Name:

Address:

City, St:

Zip:

Phone(H):

W:

C:

Date of Birth:

Sex:

E-Mail:

Occupation:

Notify me by: Text Phone Email Mail

Who may we thank for referring you to our office?

Friend Insurance Phone Book Other...

Emergency Contact Name and Phone:

Approx. Date of Last Eye Exam:

4/23/09

What is the major purpose of this visit:

- Blur at Far
- Blur at Near
- Blur at Far & Near
- Itching
- Burning
- Redness
- Eye pain
- Eye strain
- Flashes/Floaters
- Loss of vision
- Double vision
- Sandy/Gritty
- Spots or shadows
- Diabetes eye
- Medical eye
- Other...

Which Eye? Right eye Left Both eyes

How long has it bothered you?

- Started today
- 1-2 days
- 3-7 days
- 1-2 weeks
- 2-4 weeks
- 1-3 months
- 3-6 months
- Over 6 months

Severity? Mild Moderate Severe

Getting Worse?

- Getting better
- Getting worse
- About the same

Current Prescription:

Glasses: Right -1.00
Left -0.75

Contacts: Right
Left

Medical Doctor(s):



Spectrum Optical

1257 Pineview Drive
Morgantown WV, 26505
304-599-7034

Fax-

E-mail: spectrumoptical@comcast.net
<http://www.spectrumoptical.com>

Race
American Indian or Alaska
Asian
Black or African-
Native Hawaiian or Other Pacific
Other
Unknown-undetermine
White

Ethnicity
Hispanic or Latino
Not Hispanic or Latino
Unknown

Language
English eng
Spanish spa
French
Japanese jpn
Unknown
Other...

Smoking
Current every day
Current some day smoker
Former smoker
Heavy tobacco
Light tobacco smoker
Never
Smoker, current stat
Unknown if ever

**Please note that insurance does NOT cover
the Contact Lens Fitting Evaluation**

Vision or Primary Insurance

Ins. Name:

Ins Number:

Relationship:

Insured:

Insured DOB:

Ins. Sex: M F

Co-pay:

Materials: Y N

Medical or Secondary Insurance

Ins. Name:

Ins Number:

Relationship:

Insured:

Insured DOB:

Ins. Sex: M F

Co-pay:

Materials: Y N

Participate in a flex spending account? Y N