KARL C. SALIBA, O.D.

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PREVENTIVE OPTOMETRY

WELCOME TO OUR OFFICE

BY COMPLETING THE FOLLOWING PATIENT INFORMATION FORM YOU WILL HELP US SERVE YOU MORE EFFICIENTLY AS WELL AS MAKE OUR RECORD KEEPING EASIER. SHOULD YOU HAVE ANY QUESTIONS CONCERNING THE PROFESSIONAL SERVICES OR OFFICE PROCEDURES, PLEASE ASK.

DATE_____

PLEASE PRINT

PATIENT'S NAME_____ PHONE: HOME_____
OFFICE_____

ADDRESS_____
_____

BIRTHDATE_____ AGE_____ SOCIAL SECURITY #, PARENT IF PATIENT IS A CHILD_____

MARITAL STATUS_____ SPOUSE OR PARENT'S NAME_____
YOUR EMPLOYER_____ OCCUPATION_____
IF PATIENT IS A STUDENT: SCHOOL_____
TEACHER_____ GRADE_____

REFERRED BY:_____
ADVOCATIONS OR HOBBIES_____
PLEASE STATE YOUR MAIN VISUAL COMPLAINT_____
_____

ANY PROBLEMS WITH DISTANCE VISION?_____ NEAR?_____
LAST EYE EXAMINATION_____ BY WHOM?_____
WHEN WAS YOUR LAST THOROUGH PHYSICAL EXAMINATION?_____
NAME OF PHYSICIAN_____
ARE YOU CURRENTLY UNDER A DOCTOR'S CARE?_____ IF YES,
FOR WHAT REASON?_____
DO YOU WANT A COPY OF YOUR RESULTS MAILED TO YOUR PHYSICIAN?
_____

IS THERE ANY OTHER INFORMATION WHICH MAY BE HELPFUL TO THE DOCTOR?_____
_____

(OVER FOR MEDICAL HISTORY)

GENERAL HEALTH HISTORY

PLEASE ANSWER THE FOLLOWING QUESTIONS: (Y-YES N-NO)

PRESENT HEALTH CONDITION:	POOR	FAIR	GOOD
ANY ALLERGIES		Y	N
DRUG ALLERGIES		Y	N
BLOOD PRESSURE HIGH		Y	N
HIGH CHOLESTEROL		Y	N
DIABETES		Y	N
HEART PROBLEMS		Y	N
VASCULAR PROBLEMS		Y	N
LIVER, KIDNEY, THYROID PROBLEMS		Y	N
RECENT OPERATIONS		Y	N
INFECTIONS		Y	N
ARTHRITIS		Y	N
DENTAL PROBLEMS		Y	N
SINUS PROBLEMS		Y	N
EDUCATIONAL PROBLEMS		Y	N
ANY MEDICATIONS		Y	N
BIRTH CONTROL PILLS		Y	N

DO YOU OR ANY OF YOUR BLOOD RELATIVES HAVE ANY OF THE FOLLOWING:

GLAUCOMA (HIGH PRESSURE IN THE EYE)	Y	N
CATARACTS	Y	N
BLINDNESS	Y	N
DIABETES	Y	N
EYE TUMORS	Y	N
STRABISMUS (CROSSED EYE)	Y	N
AMBLYOPIA (LAZY EYE)	Y	N

OTHER EYE PROBLEMS_____

THE DOCTOR WILL ASK OTHER QUESTIONS CONCERNING YOUR EYES AND VISION.

ACCOUNT WILL BE PAID BY: CASH CHECK OTHER_____

PERSON RESPONSIBLE FOR ACCOUNT_____

PAYMENT IS DUE AFTER SERVICES ARE RENDERED. DEPOSIT IS REQUIRED BEFORE ORDERING GLASSES OR CONTACTS, BALANCE DUE AT DELIVERY. WE WILL FILE INSURANCE FOR YOUR REIMBURSEMENT.

THANK YOU