



# EYE CARE OF EASTERN OKLAHOMA

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
(FIRST) (LAST)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Sex M / F

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Married / Single / Child / Widowed Spouse's Name \_\_\_\_\_  
( Circle One)

Preferred Language \_\_\_\_\_ Race \_\_\_\_\_ Ethnicity \_\_\_\_\_

Glasses History: None Part Time Full Time Distance Near

Contact Lens History: None Soft Disposable: Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Daily Wear Overnight Astigmatism Mono-vision Gas Permeable

Brand / Prescription currently wearing \_\_\_\_\_

Past Eye Surgery: CATARACT GLAUCOMA EYE MUSCLE CORNEA TRANSPLANT TRAUMA

Social History: Tobacco – Former Smoker Y / N Current Smoker: LIGHT/AVERAGE/HEAVY

Alcohol – NONE / SOCIAL / 1-2 DAILY / 3+ DAILY

HIV / AIDS – Y / N BLOOD TRANSFUSION Y / N NARCOTIC USE Y / N

Height \_\_\_\_\_ ft \_\_\_\_\_ in. Weight \_\_\_\_\_ lbs