*Welcome to **Eyes On Rosemont**! Please take a moment to complete this form. Front & Back, please! Thank you!*

Patient Form (please print)

Today's Date _____/_____ /_____

NAME _____ Nickname/Preferred Name_____

Last First Middle I

MAILING ADDRESS _____

Street

_____

City State Zip

HOME PH _____ WORK PH _____ CELL PH _____

EMAIL ADDRESS_____

DATE OF BIRTH ____/____/____ SS # _____ GENDER IDENTITY_____

ETHNICITY_____ PRONOUNS _____

MARITAL STATUS _____ EMPLOYER _____

PRIMARY CARE PHYSICIAN _____ CITY _____

HEALTH INSURANCE COMPANY _____ VISION PLAN _____

POLICY HOLDER _____

If Patient is a minor, name and address of Responsible Adult: _____

_____

Updated 5/613/2021 tmw

Reason for today's visit? _____

How many hours per day are you in front of a computer and/or hand-held device? _____

What is your job or profession? _____

What are your hobbies and interests? _____

_____

Do you currently wear "Full-time" glasses? YES ___ NO ___

Do you currently wear "Alternate Use" glasses? YES ___ NO ___ (IE: reading, occupational, leisure)

Do you wear prescription sunglasses? YES ___ NO___

Do you currently wear contact lenses? YES ___ NO ___

Would you like to try contacts? YES ___ NO ___

Do you have family members that are patients at either Eyes on Rosemont or Eyes on Old Port?

YES ___ NO ___ If yes, their name(s), please _____

_____

Preferred Pharmacy _____

Eye Disease History – Please check any conditions or diseases that you have or have had in the past:

_____ Glaucoma	_____ Diabetic Retinopathy	_____ Macular Degeneration
_____ Cataract	_____ Hyper Cholesterol	_____ Hypertension
_____ Diabetes	_____ Dry Eye Syndrome	_____ Other _____

* * * * * * * * * * *

Please remember for your Yearly Eye Exam appointment:

- _____ **A current Photo ID** (to protect you, our patient, we ask you provide this ID)
- _____ **Your current Medical Insurance Card** (and Vision Insurance Card, if you have one)
- _____ **A List of any Medications, including Supplements, that you are currently taking**
- _____ **Please, wear your glasses to the appointment (rather than your contact lenses)**

We, the Doctors and Staff, Thank You for choosing Eyes on Rosemont! Your vision is our concern!