

Welcome to Natomas Eyeworks Optometry!

To help us serve you better, please answer all questions on this Patient History Questionnaire

Last name _____ First name _____ MI _____
Address _____ City _____ State ____ Zip _____
Home Phone (____) _____ Work Phone (____) _____ Mobile Phone (____) _____
Email Address _____ Referred by _____
Date of Birth _____ Employer _____ Occupation _____
Date of last eye examination _____ Were your pupils dilated? Yes / No **(Please circle yes or no)**

Medical Information

How would you describe your general health? _____
Do you smoke? Yes / No
Do you have problems with any of these systems?
Gastrointestinal Yes / No Nervous Yes / No Endocrine (glands) Yes / No
Ears/Nose/Throat Yes / No Urinary Yes / No Blood/lymph Yes / No
Cardiovascular Yes / No Muscles/bones Yes / No Allergic/immunologic Yes / No
Respiratory Yes / No Skin Yes / No Headaches Yes / No
High Blood Pressure Yes / No Diabetes Yes / No Behavioral Yes / No
Other health conditions? _____
Allergies to medications? Yes / No Which? _____ Reactions? _____
Current medications (Use reverse side of sheet, if needed) _____
Have you had any surgeries? Yes / No Type? _____ When? _____
Personal physician *(first and last name, if known)* _____ Date of last visit _____

Family History

High blood pressure Yes / No Relation _____ Macular degeneration Yes / No Relation _____
Diabetes Yes / No Relation _____ Retinal detachment Yes / No Relation _____
Glaucoma Yes / No Relation _____ Cataracts Yes / No Relation _____

Personal Eye Information

Do you have a history of any medical eye conditions? Yes / No If yes, what type? _____
Have you had any eye injury or surgery? Yes / No If yes, what type? _____ When? _____
Do you wear glasses? Yes / No Contact lenses? Yes / No Type? _____

Primary Concern

What is the primary reason your visit today? _____

Vision Correction

Are you interested in: ? Laser Vision Correction? ? Contact Lenses? ? Glasses?

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____ [Patient's Name], acknowledge that I have received the Notice of Privacy Practices of Natomas Eyeworks Optometry.

Signature of Patient or Guardian

Date