Welcome to East Windsor Eye Care

Patient Information

Today's Date: _____/____/____

Last:

First:

Street:

City:

State and Zip code:

Home Phone:

Cell/Work Phone:

Email Address:

Date of Birth: Sex:

Social Security Last 4#

Any specific issues you wish to address with the doctor?

If you currently wear glasses:

How old is your current prescription?

Are you interested in:

- ☐ Glasses?
- ☐ Contact Lenses?
- ☐ Vision Corrective Surgery?

Have you had any major eye infections/disorders?

Have you ever had any eye surgery or injuries?

Insurance Information

Vision Insurance_____

Medical Insurance_____

Subscriber Name_____

Subscriber Birth Date___/___/____

Please also be advised that vision insurance covers a **ROUTINE** vision exam only. If there is ANY medical condition or complaint that requires any additional treatment, testing and/or follow up, we may be required to bill your medical insurance.

If you are using insurance for today's visit, be advised that your insurance policy is a legal contract between you and your insurance company, not East Windsor Eye Care.

If your insurance company has not reimbursed our office in full by 90 days, you are responsible for providing payment in full to East Windsor Eye Care.

Please note that **Contact Lens Evaluation/Fitting Fees** may not be covered by your insurance.

Eye Health History

Please enter if you are currently experiencing any of the following:

- ☐ Blurry Vision
- ☐ Burning
- ☐ Cataracts
- ☐ Corneal Abrasions
- ☐ Crossed Eye/Turn
- ☐ Double Vision
- ☐ Eye Infections
- ☐ Eye Injury
- ☐ Flashes of light
- ☐ Floaters/Spots
- ☐ Glaucoma
- ☐ Grittiness
- ☐ Headaches
- ☐ Iritis/Uveitis
- ☐ Eye Pain
- ☐ Itchiness
- ☐ Color Blindness
- ☐ Macular Degeneration
- ☐ Dryness
- ☐ Retinal Detachment
- ☐ Sunlight Sensitivity
- ☐ Tearing
- ☐ Trouble seeing at night
- ☐ Other Eye Disorders

Patient Medical History

Name of Family Physician_____
Town_____
Date of last check up_____

Current Medications (Rx or OTC)
(List name of medications including eye drops, vitamins, and birth control pills)

Allergies to medications? ☐ Y ☐ N
If yes, which? _____

Have you had any surgeries in the last five years?
☐ Y ☐ N Please List: _____

Are you currently pregnant or nursing ☐ Y ☐ N

Do you use cigarettes/tobacco, alcohol, or other substances? ☐ Y ☐ N

Have you ever been diagnosed or treated for the following health problems?

- ☐ Seasonal Allergies
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Heart Diseas
- ☐ Fatigue/Weight Loss
- ☐ Diabetes
- ☐ Crohn's Disease
- ☐ Thyroid Disorder
- ☐ Acid Reflux
- ☐ Digestive Disorders
- ☐ STDs/STIs
- ☐ Kidney/Bladder
- ☐ Blood/Lymph
- ☐ Cancer
- ☐ Arthritis
- ☐ Muscular Dystrophy
- ☐ Multiple Sclerosis
- ☐ Chronic Headaches
- ☐ Seizures
- ☐ Depression
- ☐ ADD
- ☐ Neurologic Disorder
- ☐ Asthma
- ☐ COPD
- ☐ Cystic Fibrosis
- ☐ Lung Disorders
- ☐ Sarcoidosis

For contact lens wearers:

Do you currently wear contacts? ☐ Y ☐ N
What Brand?_____
Rx in lenses: **Right**_____ **Left**_____

How often do you dispose of your lenses?

Do your contacts feel dry? ☐ Y ☐ N

Are you interested in Dailies? ☐ Y ☐ N

How often do you sleep in your lenses?

Family Medical / Eye History

Please check any that apply to your family and state who the member is:

- Blindness ☐ _____
- Cataracts ☐ _____
- Corneal Problems ☐ _____
- Lazy Eye ☐ _____
- Glaucoma ☐ _____
- Macular Degeneration ☐ _____
- Retinal Problems ☐ _____
- Diabetes ☐ _____
- Heart Disease ☐ _____
- High Cholesterol ☐ _____

Dreading those dilation drops?

Drs. Patel and Sheth are proud to present their patients with the latest in eye care technology. We now have a way to assess the overall health of your retina without dilation drops! We have used this technology to discover many important health conditions that would have been missed without following these proper procedures during eye examinations. We know you will be pleased with the results.

We highly recommend the OptoMap scanning laser exam because of these benefits:

- Fast, easy, and comfortable
- A more complete view of the back of the eye (retina) than has been possible previously.
- A digital record of your retina that becomes a part of your medical record indefinitely.
- Helps us detect changes from diabetes, high cholesterol, high blood pressure, Macular Degeneration, tumors and other diseases.