ADVANCED EYE CARE CLINIC and
A BETTER LOOK OPTICAL.
2029 Bluegrass Circle
Cheyenne, WY 82009
(307)638-2020
www. advancedeyeclinic.com

Appointment Date ___________ Patient's Name _____________________________________
Male Female Age _____________ Date of Birth ___________________
Emergency Contact ____________________________ Phone Number _____________________
Date of Last Eye Exam ____________ Previous Eye Doctor's Name ______________________
WHOM MAY WE THANK FOR REFERRING YOU TO YOU? _______________________

PERSONAL MEDICAL INFORMATION:
Do you have a problems with any of theses systems? If YES, please check.

_____ Gastrointestinal _____ Nervous System _____ Mental
_____ Ear/Nose/Throat _____ Genitourinary _____ Endocrine (Glands)
_____ Cardiovascular _____ Musculoskeletal _____ Blood/Lymph
_____ Respiratory _____ Skin _____ Allergic/Immunologic
_____ Headaches _____ Surgeries (what type & when) ________________________
____

Are you in good health? _____ Yes _____ No
Any allergic reactions to medications, foods or other substances? _____ Yes _____ No
If yes, please list ____
Name of your primary care physician ____
Do you smoke? _____ Yes _____ No How much? ________________
Do you drink alcohol? _____ Yes _____ No How much? ________________
Do you use other substances? _____ Yes _____ No ___________________________

PLEASE LIST YOUR CURRENT MEDICATONS:
Name of Medication Condition
____
____
____
____

Does your **family** have a history of any of the following? If YES, please check.

_____ Diabetes _____ Glaucoma _____ High Blood Pressure
_____ Macular Deg _____ Retinal Detachment _____ Cataracts

If yes, please list ____
____

Do **you** have any of the following? If YES, please check.

_____ Dry Eyes _____ Eye Surgeries _____ Wear Glasses
_____ Blurred Vision _____ Eye Injuries _____ Wear Contact Lenses

Any other eye problems at this time? ____

Are you interested in laser vision correction? _____ Yes _____ No

Please sign below that you have reviewed all information above and it is true and correct to the best of your knowledge?

Signature ____ Date _______________