



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

Name \_\_\_\_\_  
First Middle Initial Last

Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male Female

Street \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Social Security number \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Hobbies \_\_\_\_\_

E-mail address \_\_\_\_\_

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

Spouse (or Parent) name \_\_\_\_\_

Spouse (or Parent) work phone \_\_\_\_\_

Spouse (or Parent) Social Security number \_\_\_\_\_

Spouse (or Parent) Employer \_\_\_\_\_

WHOM MAY WE THANK FOR REFERRING YOU?  
 \_\_\_\_\_

**Do You Experience.....**

Any discomfort with your eyes? No Yes

Problems with glare or reflection? No Yes

Sensitivity to light? No Yes

Headaches: No Yes

Floaters or flashes of light? No Yes

**Diagnostic Issues**

Please list any complaints about your current glasses or contacts:  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have more than 1 pair of current glasses? No Yes

Do you work on a computer for long periods? No Yes

If you wear glasses, would you benefit from thinner, lighter lenses? No Yes

Do you spend a lot of time outdoors? No Yes

If you wear bifocals, are you bothered by restricted windows, lines. or head tilting? No Yes

Are there times you'd rather not wear glasses? No Yes

If you wear contact lenses, are you satisfied with vision and comfort? No Yes

Laser vision correction is a common choice to reduce or eliminate the need for glasses or contacts. Do you desire information regarding laser vision correction and/or a free evaluation regarding your candidacy? No Yes