S EYE | CARE
Know Your Options

689 Yorktown Road – Ste 104
Lewisberry, PA 17339
(P) 717 - 932 – 2020
www.S-EyeCare.com

Patient Eye History

Have you ever been diagnosed with:

Glaucoma	☑ No	☑ Yes
Macular Degeneration	☑ No	☑ Yes
Blindness	☑ No	☑ Yes
Lazy Eye/Eye turn	☑ No	☑ Yes
Corneal Problems	☑ No	☑ Yes
Retinal Problems	☑ No	☑ Yes
Cataracts	☑ No	☑ Yes

Other: _____

Do you currently wear:

Eyeglasses	☑ No	☑ Yes
Contact Lenses	☑ No	☑ Yes

Have you ever had

Eye Surgery	☑ No	☑ Yes
An Eye injury	☑ No	☑ Yes

When was your last eye exam? _____ By whom? _____

Would you like your records transferred? ☑ Yes ☑ No

Patient Medical History

Have you ever been diagnosed with:

Diabetes	☑ No	☑ Yes	Asthma	☑ No	☑ Yes
High Blood Pressure	☑ No	☑ Yes	Seasonal Allergies	☑ No	☑ Yes
Elevated Cholesterol	☑ No	☑ Yes	Cancer	☑ No	☑ Yes
Thyroid Dysfunction	☑ No	☑ Yes	Lupus	☑ No	☑ Yes
Heart Disease	☑ No	☑ Yes	Migraines	☑ No	☑ Yes
Rosacea	☑ No	☑ Yes	Multiple Sclerosis	☑ No	☑ Yes
Arthritis	☑ No	☑ Yes	Other:		

When was your last medical exam? _____ By whom? _____

Are you allergic to any medications? ☑ No ☑ Yes (List) _____

Medication(s) (**Please List Current Medications**):

Family Medical History

Is there a family medical history of any of the following?

			Relation to Patient (Grandparent, Parent, Sibling)
Glaucoma	☑ No	☑ Yes	
Macular Degeneration	☑ No	☑ Yes	
Blindness	☑ No	☑ Yes	
Lazy Eye/Eye turn	☑ No	☑ Yes	
Corneal Problems	☑ No	☑ Yes	
Retinal Problems	☑ No	☑ Yes	
Diabetes	☑ No	☑ Yes	

Did you visit our website? ☑ No ☑ Yes

How did you hear about us? ☑ Doctor ☑ Billboard ☑ Insurance ☑ Family or Friend ☑ Small Road Sign ☑ Yellow Book

I acknowledge that I have had the opportunity to review the Notice of Privacy Practices of S Eye Care, P.C.

Thank You!