WELCOME TO TUSKAWILLA FAMILY EYECARE

NAME:__________________________________**DATE:**__________________________

EMAIL: __________________________________ **SOCIAL SECURITY LAST 4 #:**____________________

BIRTH DATE:________________**AGE**__________ **SEX: M F MARITAL STATUS: S M D W**

ADDRESS________________________**CITY**______________**ST**________**ZIP**__________

TELEPHONE:(HOME)__________________**(WORK)**__________________**(CELL)**__________________

OCCUPATION__________________________________

EMPLOYER____________________**HOW WERE YOU REFERRED TO OUR OFFICE?**____________________

HOW LONG HAS IT BEEN SINCE YOUR LAST EYE EXAM?__________________________________

DO YOU WEAR CONTACT LENSES? YES______**NO**______**ARE YOU INTERESTED IN CONTACTS?**__________

ARE YOU INTERESTED IN LASER VISION CORRECTION (LASIK)?__________________________

VISION INSURANCE CO:____________________**MEDICAL INSURANCE CO:**____________________

POLICY/ ID #:__________**PHONE #** __________ **POLICY/ ID #:**__________**PHONE #**__________

WHAT IS THE MAIN REASON YOU CAME INTO OUR OFFICE TODAY?__________________________

EMERGENGY CONTACT AND PHONE NUMBER:__________________________________

HEALTH HISTORY

	PERSONAL HISTORY		FAMILY HISTORY		MEDICATIONS YOU TAKE NOW
	YES	NO	YES	NO	
HEART DISEASE					
HIGH BLOOD PRESSURE					
CHOLESTEROL					
KIDNEY PROBLEMS					
ULCERS					
THYROID PROBLEMS					
HEADACHES					
DIABETES					
LUNG DISEASE					
CANCER					
ARTHRITIS					
SINUS DISORDER					
ALLERGIES (enviromental)					
ASTHMA					
OTHER DISEASES/CONDITIONS					
GLAUCOMA					
CATARACTS					
OTHER EYE DISEASES					
ALLERGY TO MEDICINE Y N ***IF YES, WHICH MEDICATION:***					
DO YOU USE	TOBACCO: Y N	ALCOHOL: Y N	OTHER DRUGS: Y N		

I understand that I am ultimately responsible for all charges related to my eye care and materials obtained from Dr. David Hankins, and I agree to pay these charges in the event my insurance fails to cover the charges, or any part of the charges, for any reason.

SIGNATURE__________________________________**DATE**____________________