MISSION VIEJO OPTOMETRIC CENTER

WELCOME BACK TO OUR OFFICE

Patient's Name: ______________________________ Date: ______________
Last First M.I.

Please update any changes :

Address: ______________________________

City, State, Zip: ______________________________

Phone Number: ______________ Cell Phone Number: ______________

Email Address: ______________________________

Has your medical insurance changed? . . . . ❑ **Yes** ❑ **No**

(New medical insurance: ______________________ P.P.O. H.M.O.)

Have there been any changes in the following categories since your last visit?

❑ Medical History ❑ Family History ❑ Social History ❑ Systemic Changes

If Yes, please explain: ______________________________

____

*Please **answer** or **check "Yes"** or **"No"** for the following questions:*

Are you planning to change your glasses today? . . . . ❑ **Yes** ❑ **No**

Are you interested in thinner, lighter lenses in your glasses? . . . . ❑ **Yes** ❑ **No**

Are you interested in Photochromic / Transition glasses?. . . . . ❑ **Yes** ❑ **No**
(lenses that change colors indoors and outdoors)

Are you bothered by glare? . . . . ❑ **Yes** ❑ **No**

How many hours per day do you work on the computer? . . . . ________ **hour(s)**

How much time do you spend outdoors in the sun each week? . . . . ________ **hour(s)**

Are you interested in Laser Vision Correction Surgery? . . . . ❑ **Yes** ❑ **No**

Are you interested in a Non-Surgical approach to vision correction (CRT/ Ortho-K)? . . . . ❑ **Yes** ❑ **No**

Are you interested in contact lenses today? . . . . ❑ **Yes** ❑ **No**

Are you interested in wearing contact lenses you can wear to sleep overnight?. . . . . ❑ **Yes** ❑ **No**

Are you interested in single use soft contact lenses (No cleaning necessary)? . . . . ❑ **Yes** ❑ **No**

Are you interested in Bifocal / Multifocal Contact Lenses? . . . . ❑ **Yes** ❑ **No**

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