

# Welcome

Ooh La La Optometry

Sherman Oaks, CA

Email \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ CA Zip \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Hobbies \_\_\_\_\_ Date of last eye exam \_\_\_\_\_ Dilated? **Yes / No**

Primary Vision Coverage \_\_\_\_\_ Medical Insurance \_\_\_\_\_

Primary Member Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

## **Medical Information**

What is your general health? \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_

Do you experience any problems with the following?

High Blood Pressure	<b>Yes / No</b>	Allergic/Immunologic	<b>Yes / No</b>	Diabetes	<b>Yes / No</b>
Endocrine	<b>Yes / No</b>	Headaches	<b>Yes / No</b>	Cholesterol	<b>Yes / No</b>

Please explain \_\_\_\_\_

Other health problems not already described \_\_\_\_\_

## **Family History**

High Blood Pressure **Yes / No** Relation \_\_\_\_\_ Diabetes **Yes / No** Relation \_\_\_\_\_

Retinal detachment **Yes / No** Relation \_\_\_\_\_ Glaucoma **Yes / No** Relation \_\_\_\_\_

Macular degeneration **Yes / No** Relation \_\_\_\_\_ Cataracts **Yes / No** Relation \_\_\_\_\_

## **Personal Eye Information**

Do you have any eye conditions or problems? **Yes / No** What kind? \_\_\_\_\_

Have you had any eye operations? **Yes / No** Type \_\_\_\_\_ Date \_\_\_\_\_

Have you had any eye injury? **Yes / No** Type \_\_\_\_\_ Date \_\_\_\_\_

Do you have Glaucoma? **Yes / No** Cataracts? **Yes / No** Dry eyes? **Yes / No**

Macular degeneration? **Yes / No** Retinal detachment? **Yes / No** Blurred vision? **Yes / No**

Do you wear glasses? **Yes / No** Contact lenses? **Yes / No** Type \_\_\_\_\_

Additional information \_\_\_\_\_

*I would like to find out more information about:*

☐ **Lasik** ☐ **Contact Lenses** ☐ **Glasses**

Signature \_\_\_\_\_

Date \_\_\_\_\_