FRAME & FOCUS
eye care

Patient Registration Form

Patient Information			
Name:		Date of Birth:	
Street Address:		City/State:	Zip Code:
Home Phone Number:	Cell Phone Number:	Email:	
Occupation:	Employer:		
How did you hear about us?			

Reason for today's visit: _____

_____

When was your last eye exam? _____

Do you wear glasses or contacts? ☐ Glasses ☐ Contacts ☐ Both

If you do not currently wear contacts, are you interested in contacts? ☐ Yes ☐ No

Are you experiencing any of the following (check all that apply):

☐ Blurry Vision ☐ Eyestrain ☐ Headaches ☐ Redness

☐ Dry eyes ☐ Itching ☐ Flashes/floaters ☐ Excessive tearing/watering

Do you have a history of eye surgery? ☐ Yes ☐ No

If so, what surgery? _____ Which eye? _____

Do you have a history of eye trauma? ☐ Yes ☐ No

If so, which eye? _____

Medical History

Primary Care Physician: _____

Pharmacy: _____ Pharmacy Phone Number: _____

Current Medications (including OTC medications and eye drops): _____

_____

Medication Allergies: _____

_____

Have you or any family member been diagnosed with any of the following (check all that apply):

	Self	Family		Self	Family
☐ Blindness	☐	☐	☐ Cardiovascular Disease	☐	☐
☐ Cataracts	☐	☐	☐ High Blood Pressure	☐	☐
☐ Glaucoma	☐	☐	☐ High Cholesterol	☐	☐
☐ Macular Degeneration	☐	☐	☐ Diabetes	☐	☐
☐ Retinal Detachment	☐	☐	☐ Cancer	☐	☐
☐ Amblyopia	☐	☐	☐ Other medical condition	☐	☐
☐ Other eye disease	☐	☐			

(please specify) _____ (please specify) _____

Ocular Health Evaluation

At Frame & Focus Eye Care, we believe in providing a complete ocular health evaluation. To do so, our doctors recommend a dilated eye exam. Many serious eye conditions can occur without any noticeable symptoms. Thus with dilation, our doctors can check for such conditions and begin prompt treatment before the condition worsens.

Dilation does cause light sensitivity and blurry vision for a minimum of 4 to 6 hours. Some patients experience difficulty with driving so please have a family member or friend provide transportation if you feel your ability to drive safely will be compromised.

_____ Yes, I would like a thorough assessment of my ocular health with dilation.

_____ No, I prefer not to be dilated at my exam today.

If you have additional questions and/or concerns regarding dilation, you may discuss with our doctors during your exam. If you decide against dilation, you agree that the doctors and staff of Frame & Focus Eye Care are not liable for any delay in diagnosis and/or treatment of any condition that may be detected in the future.

_____ _____

Patient Signature/Patient Representative Date