

UNIQUE VISION CARE



DR. LEE SHUWARGER

Welcome

We welcome you to our practice and ask that you kindly complete, or correct, all information on this sheet.

Name:

Address:

Home tel#:

Cell tel#:

Work tel #:

E-mail address:

Any history of.....

Self Family

- Glaucoma
- Neuromuscular
- Cataracts
- Diabetes
- High Blood Pressure
- Macular Degeneration
- Heart Problems
- Retinal Degeneration
- Stroke
- Thyroid Condition
- Crossed/ Lazy eyes
- Asthma/ Allergies
- Color Blindness
- Arthritis
- Tuberculosis
- Blindness
- Cancer

Check off all that apply.....

- Blurry distance vision
- Poor night vision
- Eye Strain
- Blurry Near Vision
- Trouble Reading
- Itchy Eyes
- Discharge
- Watering
- Pain in the eye
- Burning eyes
- Sandy/ Dry eyes
- Red Eyes
- Glare/ Reflections
- Discomfort in sunlight
- Double Vision
- Floaters or spots in vision
- Flashes of light
- Eye injury
- History of wearing an eye patch
- History of eye surgery
- Headaches

Are you interested in.....

- New Spectacles
- A new prescription
- Light weight glasses
- Anti-Reflective lens
- myopia control
- Colored contact lens
- Sunglasses
- Sport glasses
- Safety glasses
- Lasik
- Contact Lenses
- Dry Eye therapy

Reason for visit _____

Medications: _____

Occupation: _____

Employer: _____

Family Doctor: _____

Allergies: _____

How were you referred to us ...

- Family doctor
- Yellow pages
- Insurance company
- Website
- Another patient _____
- Other _____

Social history.

- Alcohol abuse
- Drug use
- Tobacco use

