

## **Davich Vision Center**

| <u>Patient Information</u>   | <u>n:</u>  |  |   |                    |  |  |   |
|--|--|--|---|--------------------|--|--|---|
| _ast Name  |  | First Na   | ame   |                    | MI Mr  | r. Mrs. Ms   | . Rev. Dr.  |
| OOB  |  |  |   |                    |  |  |   |
| ast 4 Digits of Social   | Security No. 2   | XXXX-XX  |   |                    |  |  |   |
| Address  |  |  | City  | ,                  | State  | Zip  |   |
| Phone Number   |  | Work F   | Phone   |                    |  | •  |   |
| Email Address  |  |  |   |                    |  |  |   |
|  |  |  |   |                    |  |  |   |
| <b>Emergency Contact</b>   | Information  | <u>n:</u>  |   |                    |  |  |   |
| Name   |  | Relation   | nship   | Phone              | Number   |  |   |
| nsurance Informat  | ion:   |  | Check which a   | pply               |  |  |   |
| Гуре of Insurance  | □ Vision   | □ Medical  | □None   |                    |  |  |   |
| Name of Insurance  |  |  |   |                    |  |  |   |
| Relationship to Insured  | □ Self   | □ Spouse   | □ Domestic F  | Partner            | □ Child  | □ Other  |   |
| Medical Informatio   | n:   |  |   |                    |  |  |   |
| Who is your family Physic  | cian?  |  | Locati  | on                 |  |  |   |
| ist any medications or e   |  |  |   |                    |  |  |   |
| ,  |  |  |   |                    |  |  |   |
| List of current medication  Are you Pregnant or Nursin   | ng? Yes / No   |  |   |                    |  |  |   |
| Are you Pregnant or Nursir   | g? Yes / No  |  | Check which a   | ylaq               |  |  |   |
| Are you Pregnant or Nursir<br><b>General Health H</b>  | ng? Yes / No<br>listory:   | u wear glasses? □                                | Check which a<br>Yes □No  | ylaq               | ar contact lenses? □Yes  | □No  | svehiatrie  |
| Are you Pregnant or Nursir  General Health H  Allergic/Immunologic  Drug allergy   | ng? Yes / No listory: Do you Ears, Nose, M   | u wear glasses? □                                | Check which and Yes □No Gastrointestinal □ Crohn's  | ylaq               | ar contact lenses? □Yes<br>Integumentary<br>□ Eczema   | □No<br>Ps<br>□ I   | sychiatric<br>Depression  |
| Are you Pregnant or Nursin  General Health H  Allergic/Immunologic  Drug allergy Environmental allergy   | ng? Yes / No listory: Do you Ears, Nose, N   | u wear glasses? □                                | Check which a<br>Yes □No<br>Gastrointestinal  | ylaq               | ar contact lenses? □Yes<br>Integumentary   | □No <b>Ps</b>  | Depression<br>Panic disorder  |
| Are you Pregnant or Nursin  General Health H  Allergic/Immunologic  Drug allergy Environmental allergy Rheumatoid arthritis  | ng? Yes / No listory: Do you Ears, Nose, M   | u wear glasses? □                                | Check which a  Yes □No Gastrointestinal □ Crohn's □ Colitits □ Ulcer □ Digestive  | ylaq               | ar contact lenses? □Yes<br>Integumentary<br>□ Eczema<br>□ Rosacea  | □No <b>P</b> s   | Depression  |
| Are you Pregnant or Nursing General Health H | ng? Yes / No listory: Do you Ears, Nose, N Upper resp. tra   | u wear glasses? □                                | Check which a Yes □No Gastrointestinal □ Crohn's □ Colitits □ Ulcer □ Digestive □ Other   | ylaq               | ar contact lenses?   | □No Ps □ [   | Depression<br>Panic disorder<br>Schizophrenia<br>Other  |
| Are you Pregnant or Nursing General Health H | ng? Yes / No listory: Do you Ears, Nose, M   | u wear glasses? □                                | Check which a  Yes □No  Gastrointestinal □ Crohn's □ Colitits □ Ulcer □ Digestive □ Other  Genitourinary  | pply<br>Do you wea | ar contact lenses?   | □No  Ps □ [ □ [ □ [ □ [ □ [ □ [ □ [ □ [ □ [ □ [  | Depression<br>Panic disorder<br>Schizophrenia<br>Other<br>espiratory  |
| Are you Pregnant or Nursin  General Health H  Allergic/Immunologic Drug allergy Environmental allergy Rheumatoid arthritis Lupus Other  Cardiovascular Heart disease Hypertension  | Do you  Ears, Nose, M Upper resp. tra Other  Endocrine Diabetes Thyroid dysfun   | u wear glasses? ☐  Mouth ct infect               | Check which a Yes □No Gastrointestinal □ Crohn's □ Colitits □ Ulcer □ Digestive □ Other   | DO you wea         | ar contact lenses?   | □No  Ps □I   | Depression Panic disorder Schizophrenia Other  espiratory Cigarette smoker ssthma   |
| Are you Pregnant or Nursing General Health H | Do you  Ears, Nose, M  Upper resp. tra  Other  Endocrine Diabetes Thyroid dysfun Hormonal dysfu  | u wear glasses? ☐  Mouth ct infect               | Check which a  Yes No  Gastrointestinal Crohn's Colitits Ulcer Digestive Other  Genitourinary STD-viral herpetic, cl  | DO you wea         | ar contact lenses?   | □No  Ps □f   | Depression Panic disorder Schizophrenia Other  espiratory Cigarette smoker asthma oronchitis  |
| Are you Pregnant or Nursing General Health disease Hypertension Stroke Wascular disease High Cholesterol  | Do you  Ears, Nose, M Upper resp. tra Other  Endocrine Diabetes Thyroid dysfun   | u wear glasses? ☐  Mouth ct infect               | Check which a  Yes No  Gastrointestinal Crohn's Colitits Ulcer Digestive Other  Genitourinary STD-viral herpetic, cl  | DO you wea         | ar contact lenses?   | □No  Ps □f   | Depression Panic disorder Schizophrenia Other  espiratory Cigarette smoker ssthma   |
| Are you Pregnant or Nursing General Health H | Do you  Ears, Nose, M Upper resp. tra Other  Endocrine Diabetes Thyroid dysfun Hormonal dysfu  | u wear glasses? ☐  Mouth ct infect               | Check which a Yes □No Gastrointestinal □ crohn's □ Colitits □ Ulcer □ Digestive □ Other  Genitourinary □ STD- viral herpetic, cl □ Other                                | DO you wea         | ar contact lenses? □Yes  Integumentary □ Eczema □ Rosacea □ Psoriasis □ Other  Musculoskeletal □ Fibromyalgia □ Muscular dystrophy □ Osteoarthritis □ ankylosing spondylitis □ other | □No  Ps □f   | Depression Panic disorder Schizophrenia Other  Espiratory Cigarette smoker Ssthma Oronchitis Emphysema  |
| Are you Pregnant or Nursing General Health H | Do you  Ears, Nose, M  Upper resp. tra  Other  Endocrine  Diabetes  Thyroid dysfun  Hormonal dysfu   | u wear glasses? ☐  Mouth ct infect               | Check which a Yes ONO Gastrointestinal Crohn's Colitits Ulcer Digestive Other  Genitourinary STD-viral herpetic, cl   | DO you wea         | ar contact lenses?   | □No  Ps □f   | Depression Panic disorder Schizophrenia Dther  espiratory Cigarette smoker asthma oronchitis emphysema other  |
| Are you Pregnant or Nursing General Health H | Do you  Ears, Nose, M  Upper resp. tra  Other  Endocrine  Diabetes  Thyroid dysfun  Hormonal dysfun  Other  Eyes  Glaucoma   | u wear glasses? ☐  Mouth ct infect               | Check which a  Yes No  Gastrointestinal Crohn's Colitits Ulcer Digestive Other  Genitourinary STD-viral herpetic, cl Other  Blood Anemia Large volume blood lo          | pply<br>Do you wea | ar contact lenses?   | □No  Ps □f   | Depression Panic disorder Schizophrenia Other  espiratory Cigarette smoker asthma oronchitis emphysema other  Drugs Yes/No  |
| Are you Pregnant or Nursing General Health H | Do you  Ears, Nose, M  Upper resp. tra  Other  Endocrine  Diabetes  Thyroid dysfun  Hormonal dysfu   | J wear glasses?   Jouth ct infect  ction unction | Check which a  Yes No  Gastrointestinal Crohn's Colitits Ulcer Digestive Other  Genitourinary STD-viral herpetic, cl Other  Blood Anemia Large volume blood le Leukemia | pply<br>Do you wea | ar contact lenses?   | □No  Ps □f   | Depression Panic disorder Schizophrenia Dther  espiratory Cigarette smoker asthma oronchitis emphysema other  |
| Are you Pregnant or Nursing General Health H | Do you  Ears, Nose, M Upper resp. tra Other  Endocrine Diabetes Thyroid dysfun Hormonal dysfu Other  Eyes Glaucoma Cataracts   | J wear glasses?   Jouth ct infect  ction unction | Check which a  Yes No  Gastrointestinal Crohn's Colitits Ulcer Digestive Other  Genitourinary STD-viral herpetic, cl Other  Blood Anemia Large volume blood lo          | pply<br>Do you wea | ar contact lenses?   | Ps of of the state | Depression Panic disorder Schizophrenia Other  espiratory Cigarette smoker asthma oronchitis emphysema other  Drugs Yes/No  |
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| Are you Pregnant or Nursing General Health H | Britantial Property Control Property Con | J wear glasses?   Jouth ct infect  ction unction | Check which a  Yes No  Gastrointestinal Crohn's Colitits Ulcer Digestive Other  Genitourinary STD-viral herpetic, cl Other  Blood Anemia Large volume blood le Leukemia | pply Do you wea    | ar contact lenses?   | □No  Ps □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □  | Depression Panic disorder Schizophrenia Other  espiratory Cigarette smoker asthma pronchitis emphysema other  Drugs Yes/No Alcohol Yes/No                             |
| Are you Pregnant or Nursing General Health H | Programmer   Progr | J wear glasses?   Jouth ct infect  ction unction | Check which a  Yes No  Gastrointestinal Crohn's Colitits Ulcer Digestive Other  Genitourinary STD-viral herpetic, cl Other  Blood Anemia Large volume blood le Leukemia | pply Do you wea    | ar contact lenses?   | □No Ps □I  | Depression Panic disorder Schizophrenia Other  espiratory Cigarette smoker asthma pronchitis emphysema other  Drugs Yes/No Alcohol Yes/No                             |
| Are you Pregnant or Nursing General Health H | Programmer   Progr | J wear glasses?   Jouth ct infect  ction unction | Check which a  Yes No  Gastrointestinal Crohn's Colitits Ulcer Digestive Other  Genitourinary STD-viral herpetic, cl Other  Blood Anemia Large volume blood le Leukemia | pply Do you wea    | ar contact lenses?   | □No Ps □I  | Depression Panic disorder Schizophrenia Dther  Despiratory Cigarette smoker Instrination Conchitis Complysema Other  Drugs Yes/No Alcohol Yes/No  // / ROS today ted: |
| Are you Pregnant or Nursing General Health H | Programmer   Progr | J wear glasses?   Jouth ct infect  ction unction | Check which a  Yes No  Gastrointestinal Crohn's Colitits Ulcer Digestive Other  Genitourinary STD-viral herpetic, cl Other  Blood Anemia Large volume blood le Leukemia | pply Do you wea    | ar contact lenses?   | □No Ps □I  | Depression Panic disorder Schizophrenia Dther  Despiratory Cigarette smoker Instrination Conchitis Complysema Other  Drugs Yes/No Alcohol Yes/No  // / ROS today ted: |
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| Are you Pregnant or Nursing General Health H | Programmer   Progr | J wear glasses?   Jouth ct infect  ction unction | Check which a  Yes No  Gastrointestinal Crohn's Colitits Ulcer Digestive Other  Genitourinary STD-viral herpetic, cl Other  Blood Anemia Large volume blood le Leukemia | pply Do you wea    | ar contact lenses?   | □No Ps □I  | Depression Panic disorder Schizophrenia Dther  Despiratory Cigarette smoker Instrination Conchitis Complysema Other  Drugs Yes/No Alcohol Yes/No  // / ROS today ted: |

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Other\_

How did you hear about us?