

In order to provide you the best care possible, we ask that you answer the questions below. If you prefer, we will be happy to sit down with you and help you complete this history form.

Name _____ Occupation _____
Hobbies, Sports, Outdoor Activities _____

Other family members living at home

Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

Whom may we thank for referring you to our office? _____

Do you...

Work on a computer for long periods of time? _____yes _____no How long? ____
Have more than one pair of glasses? _____yes _____no How many? ____
Want information on thinner, lighter lenses? _____yes _____no
Wear bifocals? _____yes _____no
Have trouble with glare/reflections particularly when driving at night? _____yes _____no
Spend time outdoors? (How much) _____Hours per week
Have prescription sunglasses? _____yes _____no

Reasons for today's examination: Circle symptoms that you are experiencing.

Blurred Vision /Near or Far? -Burning? -Eyestrain Computer/Reading?-Double Vision?-Dry Eyes?-
Headaches?-Itching?-Pain around the eyes?-Redness?-Sensitive to light?-Trouble with glare?-Vision
Loss?-Tearing?-Spots or Floaters?-Light Flashes?-Halos under lights? Other concerns not
listed _____

List all medications you are currently taking

Pharmacy Name & Location _____

List all medications you are allergic to _____

Are you pregnant or nursing at this time? _____yes _____no

Assignment & Release

I acknowledge that a copy of the Privacy Practices of Coley and Coley Family Eye Care were made available. I authorize the release of any medical information necessary to process all claims. I also authorize the release of payment of medical benefits to my physician and understand I am responsible for non-covered services. For your protection, Tennessee law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Signed _____ Dated _____

The Doctor and technicians will review your entries and ask you to further questions where necessary. The Doctor will then customize an examination just for you! The examination will enable us to meet your specific needs. Thanks you for choosing our office. We look forward to improving the quality of your life!