

The Levinson Eye Care Center

Private Practice Eye Care . . . The CLEAR Difference

EYE AND MEDICAL HISTORY

Eyecare is a primary health need. Next to life itself, God's most precious gift is sight. Your eyes deserve the finest care you can give them. Our office is dedicated to assist in this work.

	Mrs. Ms.	Date			
Name	Miss e Mr.	Date of Birth			
	Last	First			
Addr	ess				
, (44)	Street	City		State	Zip Code
Telen	phone No.				
	Home		Business	······································	
Occui	pation	Hobbie	es/Activities		
lf Min	nor — Mother's Name		Father's Name		
			Tallion 5 Name		
How	did you hear about the Levinson Eye Care Cente	er?			
			· · · · · · · · · · · · · · · · · · ·	·	
Wher	n was your last eye examination?		Were glasses	prescribed?	
Circle	e the accompanying symptoms you experience	frequent	tly:		
a)	Headaches with extensive use of eyes	j)	Constant squir	nting	
b)	Double vision after prolonged reading	k) Covering one e	ye while reading	
- c)	Blurring of vision after prolonged reading	1)	Pain in or arou	ind eyes	
d)	Sensitivity to light	n	n) Halos around l	ights	
e)	Floating spots	n) Excessive teari	ng	
f)	Fluctuations in vision	О) Burning and it	ching eyes	
g)	Blackouts in vision for short periods of time	р) Must hold read	ling material furt	her away
, h)	Flashing lights	q) Need more ligh	nt on reading ma	terial
i)	Blurred distance vision	r	Other symptor	ns (Explain)	
Previ	ous eye treatment - Check any of the followin	a:	***************************************		
		•	Eye Exercises		
			The second secon		
Have	you ever had an infection or injury to the eye	?	-		
Expla	ain				
Dies	aa anaaifu yayr aya aala-		- 	Com	plete on other sid
riea	se specify your eye color				

en e		•••		
What are your main con				
When was your last phy				
List any existing health	problems			
When was the last time	your blood pressure	e was checked?		
List all medications you	are taking and reas	sons		
Do you have any allergi	es?Expla	ain	and the second of the second o	
Are you allergic to any r	nedications?	If yes, please exp	lain	
Is there any family history	of cataracts?	Relationship	· · · · · · · · · · · · · · · · · · ·	
Is there any family history	of glaucoma?	Relationship	<u> </u>	
Is there any family history	of diabetes?	Relationship		
Is there any family history	of high blood press	sure? Relat	onship	
Do you work on a comp	uter?	How many hours ea	ch day?	
Have you ever considere				
Optional Question: Why				
Performance in school: Reading Level		Very Good	Good Fai	ir Tagana
Peading Lovel	Math Lev	rol		
Do you sit in the front or				
After looking down at yo				
Arter looking down at yo	ui books, does the	biackboard appear bit	Шу!	
in recent years, pro	oviding a variety	of new developmen	nts in lenses and lea	"made a spectacle of its ns treatments. Please re
the list below, and p	olace a check ma	irk next to the optio	ns you may be inter	ested in.
Scratch Resistant C	oating — Reduce	s likeliness of scrat	ching Plastic Lenses	5.
	ng — Reduces gla	are and annoying re	flections from your	lenses.
Antireflective Coating		et light from the e	un that can cause	hazardous changes to
	cks out ultraviole	et light hom the s		
eye structures.			light and dark depe	nding on the sun's intens
U.V. Coating — Bloceye structures. Photochromatic Ler	nses — Lenses tha	at change between		nding on the sun's intens