



**FOR OFFICE USE ONLY:**  
 Date: \_\_\_\_\_  
 Iwellness Y / N  
 Account # \_\_\_\_\_

**Welcome Back to Our Office**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Verbally verified the following with Front desk (check here for no changes) [ ]

**PLEASE MAKE ANY CHANGES IN WRITING BELOW:**

Mailing Address: \_\_\_\_\_  
 Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Preferred Y or N  
 Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Preferred Y or N  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Preferred Y or N  
 E-Mail: \_\_\_\_\_ Is it ok to contact you via email? Y or N  
 Insurance Company: \_\_\_\_\_ Any change in insurance policy # or co-pay amount? Y or N  
 Explain Changes: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS FOR DOCTOR REVIEW:**

What problems are you having with your eyes or vision? \_\_\_\_\_

Are you having problems with your current eyeglasses or contact lenses? \_\_\_\_\_

Have you had any changes in your general health since your last eye exam? Y or N  
 Please indicate any new health conditions: \_\_\_\_\_

Have you had any changes in your medications? Y or N  
 Please list new medications or medications you have stopped taking since your last eye exam:

Family Physician: \_\_\_\_\_ Town: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you smoke? **No** or **Yes** How much? \_\_\_\_\_

On average, how many hours per day do you spend on a computer, tablet, and/or cell phone? \_\_\_\_\_ hrs.

Do you have prescription sun wear? Y or N

Are you interested in purchasing new eyewear or contacts today? Y or N

**Thank you for taking the time to provide this valuable information!**

*The mission of Sacopec Valley Eye Care is to improve the quality of life of our patients by providing efficient and personal service, education about their eye health, and products of the highest quality in a friendly and comfortable environment.*