Dr. Elizabeth A. Geary, O.D.

WELCOME TO OUR OFFICE!

Thank you for choosing our practice for your eye care needs. Please fill out this form as completely as possible.
Questions? Just ask! We're happy to help.

PLEASE PRESENT ALL VISION AND MAJOR MEDICAL INFORMATION TO OFFICE

Patient Information

Date ____ / ____ / _____

Name ___________________________________ Sex: ☐M ☐F

DOB ____ / ___ / _______ SSN#_____ / _____ / ________

Address ____

City ______________________ State _____ Zip ____________

Home Phone ( ) _______ - _________ ❏ Preferred contact number

Cell Phone ( ) _______ - _________ ❏

Email ____

Employer ____

Occupation ____

Vision Insurance_____________________________________

Name of policy holder _______________________________

Primary Care Physician______________________________ ❏ N/A

Last Visit ___ / ___ / ___ ❏ N/A

Do you have special needs? ❏ Hearing Impaired ❏ Translator ❏ Wheelchair ❏ N/A

Marital Status (circle one): S / M / D / W

Spouse's Name ______________________________________

DOB ____ / ____ / ______ Last 4 SSN: ___________

Ocular History (mark ALL that apply)

Purpose of Today's Visit: ___Annual/Routine Exam ___Renewal of Contact Lenses ___Eye Problem

Are you experiencing any of the following?

- ❏ Blurry Vision
- ❏ Dryness
- ❏ Burning
- ❏ Itching
- ❏ Tearing
- ❏ Infection
- ❏ Eye Pain
- ❏ Flashes
- ❏ Floaters/Spots in vision
- ❏ Headaches
- ❏ Glare
- ❏ Double vision

Last Eye Exam ___ / ___ / ___ By Who? _______________

Do you wear glasses? Y / N

Do you wear contact lenses? Y / N

Are you interested in trying contact lenses? Y / N

Hours per day on computer? _______

Do YOU have a history with any of the following EYE-RELATED conditions?

- ❏ Age-related macular degeneration
- ❏ Amblyopia (lazy eye)
- ❏ Blindness
- ❏ Cataracts
- ❏ Glaucoma
- ❏ Injury to eye region
- ❏ Iritis/Uveitis
- ❏ Keratoconus
- ❏ Refractive Surgery
- ❏ Retinal Detachment
- ❏ Retinopathy
- ❏ Strabismus (eye turn/crossed)
- ❏ Surgeries (and approximate dates)________________________
  ____
  ____
- ❏ Other__________________________
  ____
  ____

Next Page ⇨