Acuity Eye Care

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RICHARD S. CASDEN, M.D.P.C.
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_____
DATE

_____
NAME

Welcome to Acuity Eye Care

To better serve your needs please complete the following:

THE REASON FOR YOUR VISIT TODAY IS: _____

_____

HOW WERE YOU REFERRED TO IS? (IF A PERSON, PLEASE SPECIFY NAME):

_____

WHEN WAS YOU LAST EYE EXAM? _____

DO YOU WEAR GLASSES AND/OR CONTACT LENSES? _____

WHAT IS YOU OCCUPATION? _____

WHO IS YOUR MEDICAL DOCTOR? _____

PLEASE LIST ANY EYE MEDICATIONS YOU ARE TAKING AT THIS TIME:

_____

_____

PLEASE LIST ANY OTHER MEDICATIONS YOU ARE TAKING AT THIS TIME:

_____

_____

IS THERE A CHANCE YOU MAY BE PREGNANT? _____

PLEASE LIST ANY ALLERGIES TO MEDICATIONS YOU HAVE:

_____ _____ _____ _____

_____ _____ _____ _____

PLEASE INDICATE ANY SURGICAL PROCEDURES YOU HAVE HAD:

_____ _____ _____ _____

_____ _____ _____ _____

PLEASE CONTINUE ON REVERSE SIDE

PLEASE INDICATE WITH AN (X) ANY FAMILY HISTORY THAT PERTAINS TO YOU:

( ) DIABETES
( ) THYROID
( ) HYPERTENSION
( ) HEART DISEASE
( ) GLAUCOMA
( ) CATARACT
( ) EYE MUSCLE PROBLEMS
( ) OTHER

PLEASE INDICATE WITH AN (X) ANY EYE HISTORY THAT MAY PERTAIN TO YOU:

( ) INFECTIONS
( ) RETINAL PROBLEMS
( ) EYE INJURIES
( ) EYE MUSCLE PROBLEMS
( ) CATARACT
( ) GLAUCOMA
( ) EYE SURGERY (SPECIFY)
( ) LAZY EYE (AMBLYOPIA)

PLEASE INDICATE ANYTHING THAT PERTAINS TO YOUR MEDICAL HISTORY:

( ) DIABETES
( ) ASTHMA
( ) THYROID
( ) HYPERTENSION
( ) HEART DISEASE
( ) MIGRAINES
( ) BLOOD DISORDERS
( ) OTHER

IF YOU HAVE EXPERIENCED ANY OF THE FOLLOWING EYE SYMPTOMS RECENTLY PLEASE INDICATE:

( ) FLASHING LIGHTS
( ) TEARING
( ) ITCHING
( ) DOUBLE VISION
( ) FLOATERS
( ) REDNESS
( ) CRUSTING
( ) HEADACHES

The following questions pertain to Laser Image Enhancement.

ARE YOU UNHAPPY WITH ANY OF THE FOLLOWING? PLEASE INDICATE IF SO:

( ) EYES FEEL AND/OR LOOK TIRED AND HEAVY
( ) BAGS UNDER EYE
( ) CROW'S FEET WRINKLES AROUND EYES
( ) DROOPY UNDERLID EYELIDS
( ) OTHER, PLEASE EXPLAIN:_____

PLEASE INDICATE IF YOU WOULD LIKE TO DISCUSS WITH A TECHNICIAN AND/OR PHYSICIAN ANY OF THE FOLLOWING SERVICES PROVIDED BY ACUITY EYE CARE:

( ) LASER VISION CORRECTION AS AN ALTERNATIVE TO GLASSES OR CONTACTS LENSES
( ) LASER SKIN RESURFACING
( ) COSMETIC EYE SURGERY

Thank You For Helping Us Serve You Better.