CL Fitting Fees: _\$	CL Brand:			
CL Material: Soft / RGP / Synergeyes	CL Price: _\$	per lens / box	Quantity:	
CL Type: Spherical / Toric / Bifocal	Replacement Schedule: Daily / Weekly / 2 Weeks / Monthly / Other			
Order #'s				

## **Present Medical Conditions**

At your exam today, are you currently experiencing any problems with the following? Please circle any current symptoms or problems you are experiencing today:

Please circle any current symptoms or problems you are experiencing today:			
General (Constitutional): chills   fatigue   fever   headache   sweats   weight loss   other:			
Ear, Nose, Throat (ENMT): earache   nasal congestion   nosebleeds   sore throat   sinus pain   other:			
Heart (Cardiovascular): chest pain   increased heart rate   leg swelling   palpitations   high blood pressure   low blood pressure   other:			
Breathing (Respiratory): cough   difficulty breathing   shortness of breath   wheezing   other:			
Digestion (Gastrointestinal): constipation   diarrhea   indigestion   nausea   reflux   vomiting   other:			
Genitourinary: kidney problems   painful urination / problems with urination   other:			
Skin (Integumentary): change in hair texture   change in nails   rash   rosacea   other:			
Musculoskeletal: back pain   gout   joint pain   muscle pain   other:			
Neurological: gait problems   loss of coordination   memory loss   migraine headache   slurred speech   other:			
Blood (Hematological): abnormal bleeding   bruising   large lymph nodes   swollen glands   anemia   other:			
Immune (Immunologic): food allergies   immune disorders   seasonal allergies   infection   other:			
Endocrine: low blood sugar   elevated blood sugar   low thyroid   high thyroid   other:			
Mood (Psychiatric): anxiety   depression   panic attacks   other:			

Name:	Date of Birth:	
Primary Physician:	Occupation:	

Eye Medical History			Family
Cataracts:			Y/N
orneal Problems:			Y/N
Diabetic Changes:			Y/N
Eye Injury:		Y/N Y/N	Y/N
Eyelid Problems:			Y/N
Eye Muscle Problems:			Y/N
Glaucoma:		Y/N	Y/N
Lazy Eye:		Y/N	Y/N
Macular Degeneration:		Y/N Y/N	Y/N
Retinal Problems:			Y/N
Statisty staffactures are every contact	eavillatation on en transmission de la compa	e de la company	
Eye Surgical Procedures:			
History of Medical Conditions (circle	conditions that apply)	Self	Family
Arthritis: Fibromyalgia, Lupus, Osteo	arthritis, Rheumatoid Arthritis	Y/N	Y/N
Cancer: Breast, Colon, Liver, Lung, Prostate, Skin, other:			Y/N
Cardiovascular: Arrhythmia, Atria Fibrillation, Bypass, Congestive Heart Failure,			Y/N
Heart Attack, High Blood Pressure, High Cholesterol, High Lipids, Murmur, Stent			Y/N
Diabetes: Type I, Type II, Number of		Y/N	Y/N
GI: Crohn's, Colitis, Gastroesophageal R	eflux, Pancreatitis, Ulcers	Y/N	Y/N
Hematological: Anemia, Bleeding Pro		Y/N	Y/N
Infections: AIDS, Herpes, HIV, Hepatitis A/B/C			Y/N
Neurologic: Alzheimer's, Epilepsy, Mi		Y/N	Y/N
Psychiatric: Anxiety, Bipolar, Depression, Panic Disorder			Y/N
Pulmonary: Asthma, COPD, Sarcoidosis, Tuberculosis			Y/N
Thyroid: Graves Disease, Hyperthyroid, Hypothyroid, Radioactive Iodine			Y/N
Other:		Y/N	
Marie Company			
Surgical Procedures:	n in Mar North and State of the Signature	SHE NO. STANK W. SE	
Social I	History	Drug Allergi	es
Do you drive? Y / N			
Do you drink alcohol? Y / N, How mu		the care dalaman	31(14)
Do you smoke? Y / N, How many pa			
Do you use Medical Marijuana? Y / N		a priema lie i sens	POSUNU.
Do you use recreational drugs? Y / N			
Medications	Medications	mas promine of ser	or , head
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