

FAMILY HISTORY: Has your family had any of the following:

- Glaucoma
- Cataracts
- Macular Degeneration
- Diabetes
- Arthritis

Relationship

MEDICAL HISTORY (SELF) Have you had any of the following:

- Headaches
- Blood Pressure High Low
- Smoker
- Dry Eyes
- Anemia
- Diabetes
- Hypoglycemia
- Thyroid
- Sinus
- Drug Allergies
- Other Allergies
- Eye Injury
- Have you ever worn Glasses
- Have you ever worn Contact Lenses
- Does Sun glare bother you

Assignment & Release

I assign directly to Dr. Williams all insurance benefits. I know that I am responsible for all unpaid charges.

Dr. Williams may use and disclosure my health care information to my insurance company.

Signature

Date

Do You have or see any of the following?

- Burning
- Sensitivity to Light
- Nausea
- Fainting or Dizziness
- Blurry near vision
- Flashes of Light
- Redness
- Gritty feeling in eyes
- Objects floating in vision
- Glare or Reflection
- Working up-close difficulties
- Uncomfortable contact lenses
- Trouble reading or learning at work, school or activity

- Dryness
- Sudden loss of vision
- Tearing
- Headaches
- Blurry distance vision
- Itchiness
- Soreness
- Watery eyes
- Double Vision
- Seeing at night poor
- Eyestrain
- Uncomfortable glasses
- Spots

Other
