

WELCOME To Franklin Eye Care! Please complete the following information for our records.

Name: _____ Prefer to be called: _____
Address: _____ P.O. Box: _____
City: _____ State: _____ Zip: _____
Phone: home: _____ work: _____
cell: _____ e-mail: _____
Date of Birth: _____ Age: _____ Emergency Contact Person: _____
Do you work or are you retired? _____ Occupation: _____
Where do you / did you work? _____ Do you exercise? _____
Do you work on a computer? _____ How many hours per day _____
Referred by: _____ Relationship? _____
When was your last eye exam? (approximately) _____
By Dr. _____ Office name: _____
Do you have any interest in wearing contact lenses? _____ If No, Why? _____

*Please complete the following health information so that the doctor
may be aware of any factors that could impact your eye health:*

Important: Please list all medications you take, including vitamins, supplements, over the counter, etc.:

YOUR General Health and Eye Health History (check all that apply):

___ allergies: _____
___ drug sensitivities: _____
___ diabetes
___ high blood pressure
___ seizures
___ back surgery
___ eye injury
___ eye infection
___ glaucoma
___ double vision
___ floaters
___ other health issue or eye disease: _____
___ thyroid problems
___ heart disease
___ cancer
___ frequent headaches
___ eye surgery
___ light sensitivity
___ cataracts
___ lazy eye / amblyopia
___ flashes of light

FAMILY (blood relatives) General Health and Eye Disease:

___ diabetes
___ high blood pressure
___ seizures
___ glaucoma
___ macular degeneration
___ thyroid problems
___ heart disease
___ cancer
___ cataracts
___ other eye disease

If you have worn contacts, please complete below:

Are you now wearing contacts? _____ How old are your contacts lenses? _____
Do you see well with them (if no - explain)? _____
What do you use to clean them? _____ Do you ever sleep with them? _____
Are your lenses comfortable? _____ Do you have any dryness? _____
Please circle the type of lens you are wearing:

soft rigid gas permeable hard
disposable daily wear extended wear toric

Signature: _____ Date: _____