Issaquah Vision COMP CLEX MED EST NEW DOS:

Dr. Walter Cassidy Dr. Stephan Cassidy Dr. Erinn Tolomei

Reason for today's visit: _____

Date of last eye exam: _____

Primary Care Physician: _____

Please circle **current visual symptoms**:

Blurry vision: near/ far	Burning	Light Sensitivity	Excessive Tearing
Dryness or Itching	Redness	Double Vision	Floaters or Flashes

Have you worn contacts previously? No Yes Are you interested in contacts? No Yes

If you are a current contact lens wearer, are you happy with your current lenses? No Yes

Ocular History: Please circle if you have had any of the following:

Eye surgery/ eye injury	Glaucoma	Cataracts
Lazy eye	Macular degeneration	Eye disease (please explain below)

Please circle any **medical conditions** that you currently have.

Heart disease	High blood pressure	Allergies	High cholesterol
Diabetes	Lung disease	Cancers	Thyroid disease
Skin conditions	Gastrointestinal	Depression/Anxiety	Multiple sclerosis/Neuro

Additional medical conditions not listed above: _____

List any **medications** you are currently taking, including over the counter medications and eye drops:

_____

Do you have any **allergies** to medications? No Yes List: _____

Do you smoke? No Yes No. of alcoholic drinks/week _____ Females: Are you pregnant or nursing? No Yes

Family Medical History: (please note relationship in box)

High blood pressure	Heart disease	Cataracts	Diabetes
Cancer	Thyroid	Blindness	Stroke
Glaucoma	Macular degeneration	Retinal Detachment	Lazy eye

Employer/Occupation: _____ Hobbies:_____

Email address: _____ May we use email to contact you? Yes No

May we leave a voicemail for you regarding your medical information? Yes No

Please list individuals with whom you authorize us to share your medical information with.

Name: _____Relationship: _____ Phone # _____Leave Msg OK? Yes No

Name: _____Relationship: _____ Phone #_____ Leave Msg OK? Yes No

I acknowledge receipt of Issaquah Vision's *Notice of Privacy Practices.* Initials_____

Signed: _____ Date: _____

Who may we thank for your referral? _____