



The Eyewear Gallery  
at Keston Law Center  
Optometrists

## Patient Information

Last \_\_\_\_\_

First \_\_\_\_\_ MI \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Patient's Social Security # \_\_\_\_\_

Employer (or School) \_\_\_\_\_

Occupation (or Grade) \_\_\_\_\_

Spouse (or Parent's) Name \_\_\_\_\_

Spouse (or Parent's) Work \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Sex  M  F

Email Address \_\_\_\_\_

What is the major purpose of this visit?  
\_\_\_\_\_

Any problems with your current contact lenses or  
glasses?  
\_\_\_\_\_  
\_\_\_\_\_

## VERY IMPORTANT! NEW PATIENTS ONLY

Who may we thank for referring you to our office?

Name of friend or relative \_\_\_\_\_

If not referred, how did you choose our office?

Another Dr. \_\_\_\_\_

Insurance List

Walking By

Newspaper/Radio/TV

Yellow Pages: Which directory? \_\_\_\_\_

Web Page: Which web site? \_\_\_\_\_

Other \_\_\_\_\_

## Insurance Information

**Vision Insurance** \_\_\_\_\_

Subscriber Name \_\_\_\_\_

Subscriber Social Security # \_\_\_\_\_

Subscriber Birth Date \_\_\_\_\_

**Primary Medical Insurance** \_\_\_\_\_

Subscriber Name \_\_\_\_\_

Subscriber Social Security # \_\_\_\_\_

Subscriber Birth Date \_\_\_\_\_

Do you participate in a flex spending account?

Yes  No

## Lifestyle Questions

**Do you... (Check box if your answer is yes)**

Do you work at a computer? \_\_\_\_\_ Hours/Day

Do you think you might benefit from thinner,  
lighter lenses?

Do you have interest in a "test drive" of the  
latest contact lens designs?

Do you spend time outdoors?  
How many hours per week? \_\_\_\_\_

Do you have prescription sunwear?

Do you prefer not to wear your glasses at times?

Do you want information on Laser Vision  
Correction Surgery?

Do you have family members in need of  
eyecare?

**Have you ever experienced, been diagnosed, or  
treated for any of the following?**

Blurry Vision

Burning

Cataracts

Corneal Abrasions

Crossed Eye

Double Vision

Eye Infections

Eye Injury

Flashes of Light

Floaters/Spots

Glaucoma

Grittiness

Headaches

Iritis/Uveitis

Itchiness

Lazy Eye

Macular

Degeneration

Occasional Dryness

Retinal Detachment

Sunlight Sensitivity

Tearing

Trouble seeing at

night

Uncomfortable

glasses

Other eye disorders