Georgia Optometry Group
Patient History Form

Date_____
Name_____M/F Date of Birth_____ Age_____

Address_____City_____Zip_____

Home Phone_____Cell_____Email_____
Occupation:_____Hours on Computer_____Hobbies_____
Insurance Information:
SSN_____Vision Insurance_____
Policy Holder's Name_____DOB_____Medical Ins._____
Date of last medical exam_____ Doctor's Name_____
Date of last vision exam_____ Doctor's Name_____
How did you hear about Georgia Optometry Group?_____
Reason for Visit: Glasses Evaluation_____Contact Evaluation_____Other_____

Please check any of the following that applies to you. If it applies to a family member, use the initials: M-Mother, F-Father, B-Brother, S-Sister, G-Grandparent, C-Children

General Health

___Diabetes ____Years
___High Cholesterol
___Thyroid Disease
___Headache/Migraine
___Asthma
___Seizures
___Anemia
___Immune Disorders
___Muscle/Joint Pain
___Diarrhea
___Fever
___HIV/AIDS
___High Blood Pressure ___Years
___Heart Disease
___Cancer _____Type
___Sinus Problems
___Respiratory Problems
___Psychiatric Problems
___Bleeding Problems
___Arthritis_____Type
___Genital/Urinary Problems
___Constipation
___Skin Irritations
Pregnant Y N

Eyes

___Glaucoma
___Cataracts
___Macular Degeneration
___Flashes/Floaters
___Eye Surgery
___Eye Injury
___Loss of Vision
___Glare/Light Sensitivity
___Lazy Eye Right Left
___Pain ___Watery
___Redness ___Itching ___Mucus
___Dryness ___Double Vision
___Sties ___Color Blindness

Current Medications

_____
_____
_____

List Allergies (Medical or Environmental)

_____
_____
_____

Reason For Visit_____

Glasses: Current Age_____ Any Complications?_____
Type(circle): Single Vision Bifocal Trifocal Progressive

Contact Lenses: Last fitting date_____ Any Complications?_____
Type (circle): Soft Disposable Soft Daily Wear Gas Permeable Extended Wear

Would you like to discuss (circle): Lasik Sport Eyewear Computer Eyewear Sun Protective Eyewear Contact Lenses

I have been notified of the availability of the Notice of Privacy Practices. Patient Initials_____Date____
Signature_____Date_____