WELCOME TO JOY OPTOMETRY

Date: MM DD YYYY

Mr. Mrs. Ms. Dr.
please circle one

First Name

Last Name

MM DD YYYY
Birth Date

XXX - XX - __ __ __ __
SSN of Insurance Primary Member

Street
City State Zip Code
Address

Phone Number
☐ cell ☐ home

Email Address

call text email
please circle preferred contact

Employer

Occupation

Parent's Name (if under 18)

☐ Yelp / Internet
☐ VSP listing
☐ Friend / Family:
☐ Other:

How did you find our office?

☐ Computer / Internet ☐ Sewing ☐ Water Sports
☐ Video Games ☐ Golf ☐ Snow Sports
☐ Reading ☐ Biking ☐ Others:
☐ Arts & Crafts ☐ Running

please select the hobbies / activities you enjoy

MM YYYY Doctor Name
Most recent visual examination

Do you wear glasses? YES NO

Date of first glasses: _____

Date of present glasses: _____

Do you wear contact lenses? YES NO

Date of first CL: _____

Date of present CL prescription: _____

Average wear time: _____

What solution do you use? _____

Do you smoke cigarttes? YES NO

Do you drink alcohol? YES NO

Main purpose of today's visit:
☐ Periodic check up
☐ Having trouble with: _____

Do you experience any of the following?
☐ Blurry far vision ☐ Watery, itchy eyes
☐ Blurry near vision ☐ Redness
☐ Double vision ☐ Light sensitivity
☐ Floaters ☐ Flashes of light
☐ Dry eyes ☐ Headache

Do you have a family history of the following?
☐ Cataracts ☐ Retinal problems
☐ Amblyopia / lazy eye ☐ Eye infection
☐ Macular degeneration ☐ Eye surgery
☐ Glaucoma ☐ Eye trauma
☐ Strabismus / crossed eye

Have you been treated for any of the following?
☐ Diabetes ☐ Stroke ☐ Hepatitis
☐ High cholesterol ☐ Skin disorders ☐ Heart problems
☐ Hypertension ☐ Cancer ☐ Tuberculosis
☐ Thyroid ☐ Asthma ☐ Kidney problems
☐ Arthritis ☐ Allergies ☐ Anxiety / depression

Medications:

HIPAA *please initial, sign, and date*

_____ I have read, understood, and acknowledge the Privacy Policy & Practices of Joy Optometry
_____ I authorize Joy Optometry to use my name on any & all claims that relate to insurance benefits/claims
_____ I permit a copy of this authorization to be used in place of the original

Signature

MM DD YYYY
Date