Winchester Eye Specialists 540/667-7463 PATIENT HISTORY Inventory

302 S. Cameron St., Winchester, VA 22601 * 1870 Amherst St. #2D, Winchester, VA 22601 * 759 S. Main St., Woodstock, VA 22664

↑ Visit Date ↑ Referred By ↑ Referral Phone ↑ Date of Birth ↑ Age

↑ Patient Name ↑ Primary Care Physician

↑ Legal Guardian Name & Relationship (if patient is a minor)

Current Occupation: _____

_____ I would prefer to NOT have issues related to my care with your practice discussed with my family

_____ You may discuss issues related to my care with your practice with (Name & Relationship Below):

_____

EYE Medications ❑ None Taken or ❑ See Attached List or *List Below*

Name Dosage Frequency Reason for

Medications ❑ None Taken or ❑ See Attached List or *List Below*

Name Dosage Frequency Reason for

Usual PHARMACY Name & Location: _____

Allergies ❑ None Known ❑ Latex

Drugs: _____

Do you Wear **Glasses / Contacts** for - __Distance __Reading __Both - (Please Bring your Glasses with You)

Do you Wear **Contacts** (circle all that apply)? Daily Wear Extended Wear Hard Soft Gas Perm

❑ Glaucoma ❑ Lazy Eye ❑ Injury ❑ Macular Degeneration ❑ Cataract

List Others Below

Eye Surgery, Event or Disease R eye L eye Date

******* Please Complete Both Sides of this Form *******