



**Morgantown
Eye Care Center
Dr. Miriam Pearson
Optometrist**

Patient's name: Ms./Mrs./Mr. _____

Address: _____

Phone: _____ Date of Birth: _____ Age: _____ S.S.N. _____ - _____ - _____

Occupation: _____ email address: _____

Employer/School: _____ Work Phone: _____

Emergency contact: _____

How did you hear about Morgantown Eye Care Center? _____

Do you have an insurance plan with vision benefits? _____ Co. name and policy number? _____

Do you have medical health insurance? _____ Co. name and policy number? _____

Cell phone: _____ Do you prefer we contact you by: mail _____ phone _____ email _____

GENERAL HEALTH HISTORY: (Please check those conditions that apply to you)		_____ High Blood Pressure
_____ Allergies	_____ Diabetes	_____ Arthritis
_____ Eye Diseases	_____ Heart Disease	_____ Glaucoma
_____ Smoke - if so, how much? _____	_____ Cataracts	_____ Eye or Head Injuries
FAMILY HEALTH HISTORY: (Blood relatives who have the following conditions)		
_____ Diabetes	_____ High Blood Pressure	_____ Heart Disease
_____ Glaucoma	_____ Eye Disease	_____ Blindness

Family Physician: _____ Date of last General Health Exam: _____

Are you presently being treated for any medical conditions? _____

If so, what conditions? _____

Please list any medications you are taking: _____

When was your last eye exam? _____ Who was the Doctor? _____

Have you ever worn glasses? _____ Do you wear glasses now? _____

Are you having any vision problems with seeing at a distance? _____ Seeing close to you? _____

Do you experience symptoms such as: Sensitivity to sunlight? _____ Difficulty with night vision? _____

Dryness? _____ Burning? _____ Extra Tearing? _____ Itching? _____ Twitching Eyelids? _____

Have you ever worn contact lenses? _____ If so, what type? _____

Are you interested in being fitted for contact lenses? _____

Do you ever wear your contact lenses to sleep or nap? _____

Have you ever received vision training or eye exercises? _____

Do you use a computer? _____ If so, how many hours per day? _____

In what hobbies or sports do you participate? _____

What is the main reason for your visit today? _____

Please sign below that you have reviewed all information above and it is correct to the best of your knowledge.

Signature: _____ Date: _____