



Patient History

Ocular Information

Past Ocular History: None Rx stable for 12 months (<0.5 OD) Yes No
 Cataracts Glaucoma Retinal Tear/Detachment
 Keratoconous Strabismus Trauma/Foreign Body/Scar
 Amblyopia/Lazy Eye Double Vision Herpes Simplex/Zoster

Past Ocular Surgery: None Muscle Retinal Surgery
 PRK RK/AK ALK/LASIK
 Cataract Corneal Transplant
 Dates: _____

Contact Lens History: None Soft Daily Wear Soft Overnight Wear
 Soft Toric RGP Hard PMMA
 Difficulty with CL Wear: Yes No
 Date Contact Lenses Last Worn: _____

Medical Information

Medical Allergies: None List: _____
 Medications: None List: _____
 General Health Problems: None List: _____

Arthritis: Yes No Asthma: Yes No
 Diabetes: Yes No Pregnant/Breast Feeding: Yes No
 High Blood Pressure: Yes No Healing Problems: Yes No
 Claustrophobia: Yes No HIV: Yes No

Comments: _____

Motivation

Sports Career Poor Glasses/Comfort Contact Lens Intolerance
 Cosmetic Appearance Self-Confidence Simply Fed Up Other _____

In order for Woolfson Eye Institute to perform a complete eye exam during the consultation, a Woolfson Eye Institute assistant may instill a pupil dilator drop. For my own safety, I will arrange to have a driver for the day of the consultation. Patients scheduled for screenings or pre-testing will not be given the pupil dilator drop (i.e., patients with a referring optometrist). I understand and agree to the above mentioned.

Patient Name: _____ Date: _____
 Patient Signature: _____ WEI Assistant: _____