

## Patient History and Information

### **RACE:**

- American Indian or Alaska Native       Native Hawaiian or Other Pacific Island  
 Asian     White     Black or African American     Hispanic or Latino  
 Declined to Specify     Other

### **PREFERRED LANGUAGE:**

- English     Spanish     Chinese     Japanese     French     German     Other

### **PRIMARY CARE PHYSICIAN:**

\_\_\_\_\_      \_\_\_\_\_  
Primary Care Physician      Phone Number

### **REFERRING PHYSICIAN:**

\_\_\_\_\_      \_\_\_\_\_  
Referring Physician      Phone Number

What is the main reason for today's exam? \_\_\_\_\_

Are you planning to get new glasses?  Yes     No

When was your last eye exam, if not done at Family Vision? \_\_\_\_\_

### **HEALTH HISTORY:**

Current Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Eye Drops: \_\_\_\_\_  
\_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Reaction: \_\_\_\_\_