Kas Eye Center **Thank You & Welcome Back!**
www.kaseyecenter.com

Name: _____

Cell Phone: (_____)_____ **E-Mail:** _____ (EP)

WHAT IS THE REASON FOR TODAY'S VISIT? (Check all that apply)

☐ I have an **Eye Disease or Eye Problem** requiring examination: _____

☐ I want **Glasses**:
Is there a time when your glasses get in the way of your activities? ☐Y ☐N When? _____

☐ I would like to try **(for free)** a pair of contact lenses today!

☐ I want **Contact Lenses**: ☐Clear ☐Colored
First time trying contact lenses? ☐Y ☐N

☐ I am interested in ***Lasik*** **Refractive Surgery** or **Corneal Refractive Therapy**
How soon? (Circle One) 1mo. 3mo. 6mo. 1yr. Undecided

☐ I am here for my **Annual Eye Health** and **Vision Evaluation**

DO YOU EXPERIENCE ANY OF THE FOLLOWING? (Check all that apply)

☐ Distance vision blurred w/ glasses/contacts	☐ Dry/ Burning eyes	☐ See flashing lights
☐ Near vision blurred w/ glasses/contacts	☐ Watery eyes	☐ See floaters or spots
☐ Headaches related to eyes	☐ Itchy eyes	☐ Double Vision
☐ Eye strain	☐ Red eyes	☐ Sensitivity to lights

INSURANCE Has your VISION or MEDICAL insurance changed? ☐Y ☐N
Do you have a secondary vision insurance? ☐Y ☐N

Eligibility and verification of benefits does not guarantee payment. I understand that I am responsible for any unpaid claims or payments, including those applied to my annual deductible.

_____ _____
PATIENT SIGNATURE (If under 18, parent signature required) DATE

For Office Use Only:

CC/ROS
Happy with (GL / CL / VA)
Blurred Vision (OD/OS) (D/C/N) (GL/CL)
(M/Mod/Sev) (1/2/3/4/5/6 y/m/w/d)

Medical History No Meds/ No Allergy
Meds: BP/Chol/Diab/Om3/AT _____
Allergy: asp/cip/iod/pen/sul _____
Diab: act/ava/gli/glu/gly/ins/jan/met/tru/vic/xig
HBP: aml/asp/ate/car/coz/dio/fur/hyd/lis/los/lot/met/top

Vision (VF FDT ??)
WRx: (SVD /SVN /SVI /BF /TF /PALs)
OD 20/
OS 20/
Add
WRx: (SVD /SVN /SVI /BF /TF /PALs)
OD 20/
OS 20/
Add
VA (corr / uncorr) 20/
20/

Exam
Protocols: (1a /1h /1m /1p /2a.B /2a.L /2a.R /3b.B 4cmi.B /4cmo.B /4cs.B /5lll /5lul /5rll /5rul /6d.L 6d.R /6dno /7de /7dem /7demo /7des /8f.L /8f.R 9g.L /9g.R /9gs.at /9gsL /9gs.R /clfu /pvd.L /pvd.R re.all /re.B /re.bac.B /re.bac.L /re.bac.R /re.L /re.R re.vir.B /re.vir.L /re.vir.R

*IOL R / L . Larger Disc R / L
Discs OD 0. OS 0.

Chol: cre/lip/lov/pra/sim/vyt/zet/zoc **Thy**: lev **Arth**: hum/plaq **Asth:** alb/flo/sin ***All***: all/cla/flo/zyr **DES**: lot/res/xii