VISION THERAPY AT EYECENTER

Please complete the following history to assist us with performing a thorough exam:

PATIENT's Name _____ Age_____ DOB ____/____/_____ M / F

Address: _____
City Zip

Home Phone (____)_____-_____ Work Phone (____)_____-_____ Cell Phone (____)_____-_____

Signing this document signifies that you have RECEIVED a copy of our Notice of Privacy Practices.

In the course of providing service to you, we create, receive and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, to obtain payment for our services, and to conduct healthcare operation involving our office. The Notice of Privacy Practices describes these uses and disclosures in detail.

I acknowledge that I have RECEIVED the Notice of Privacy Practices from Eye Center Optometric.

_____ _____
Date Signature

If signing as a personal representative of the patient, describe the relationship to the patient and the source of authority to sign.

_____ _____
Relationship to Patient Print Name

School/Grade/Teacher_____

Describe current visual/academic concerns: _____

_____

_____

Please circle Y for yes & N for no, followed by a description of when the following occurs:

Headaches	Y	N	_____
Blurred Vision	Y	N	_____
Double Vision	Y	N	_____
Eyes hurt, tired	Y	N	_____
Holds reading close	Y	N	_____
Writes close	Y	N	_____
Closes one eye	Y	N	_____
Covers one eye	Y	N	_____
Frequent red eyes	Y	N	_____
Excessive eye rubbing	Y	N	_____
Excessive blinking	Y	N	_____
Loses place when reading	Y	N	_____
Tilts head when reading	Y	N	_____
Poor posture when reading	Y	N	_____
Inability to see far away	Y	N	_____
Bumping into objects	Y	N	_____
Poor Coordination	Y	N	_____
Enlarged Pupils	Y	N	_____
Light Sensitivity	Y	N	_____
Behavior Problems	Y	N	_____

Previous eye exams? At age _____ Doctor _____ Result _____

Started Kindergarten at age _____ Likes school? Y N Any grade repeated? _____

School work is: □Above average □Average □Below average Difficult subjects: _____

Easy subjects: _____ Enjoys reading? □ Y □ N

Normal birth history and development? □ Y □ N (explain) _____

Brief description of child as a person: _____

_____