



# Elite Vision Care

## Health History

The information in this confidential case history form is critical to the evaluation of your vision and health.

Have you ever been diagnosed or treated for the following? (Circle one)

Allergies	Yes	No	Heart Disease	Yes	No	Cancer	Yes	No
Asthma	Yes	No	High Blood Pressure	Yes	No	Cholesterol	Yes	No
Arthritis	Yes	No	Kidney Problems	Yes	No	Thyroid	Yes	No
Diabetes	Yes	No	Nerves	Yes	No			
Other								

Are you taking any medications? (Please list all medications)

Are you allergic to any medications?

### Tell us about your eye health

Have you ever been diagnosed or treated for the following? (Circle one)

Cataracts	Yes	No	Iritis/Uveitis	Yes	No	Glaucoma	Yes	No
Corneal Abrasion	Yes	No	Lazy Eye	Yes	No	Do You Smoke?	Yes	No
Eye Infection	Yes	No	Macular Degeneration	Yes	No	Do You Drink	Yes	No
Eye Injury	Yes	No	Retinal Detachment	Yes	No	Other Eye Disorders	Yes	No
(Females) Are you pregnant?			Yes	No				

Do you experience or have you ever experienced...? (Circle one)

Blurry Vision	Yes	No	Grittiness	Yes	No	Trouble seeing at night	Yes	No
Burning	Yes	No	Sunlight Sensitivity	Yes	No	Crossed Eyes/Eye Turn	Yes	No
Tearing	Yes	No	Floaters/Spots	Yes	No	Uncomfortable Glasses	Yes	No
Headaches	Yes	No	Itching	Yes	No	Other		

### Your Family History

Has anyone in your family ever been diagnosed or treated for...?

Blindness	_____	Cataracts	_____
Corneal Problems	_____	Glaucoma	_____
Lazy Eye	_____	Macular Degeneration	_____
Retinal Problems	_____	Diabetes	_____
Heart Disease	_____	Cancer	_____
Other	_____		

Do You...

Work on a computer?	Yes	No
Have family members in need of eye care?	Yes	No
Want information on Laser Vision Correction surgery?	Yes	No
Think you might benefit from thinner, lighter lenses?	Yes	No
Have interest in a "Test Drive" of the latest contact lens design?	Yes	No
Spend time outdoors? (How much?) _____ hrs/week	Yes	No
Have prescription sunglasses?	Yes	No
Have Children?	Yes	No
Have family members in need of eye care?	Yes	No
If you wear contact lenses, are you satisfied with the vision and comfort?	Yes	No