

Dr. Philip Gaskins and Associates

PATIENT INFORMATION (PLEASE PRINT) DATE:

____ Patient's Name Birthdate Sex S.S. #

____ Patient's Address Home Phone #

____ Occupation or Student Employer or School Phone #

____ Spouse or Parent's Name Address (if different) E-Mail Address

____ Health Insurance Company Insured's Name Policy or Group #

____ Medication(s) Presently Taken Family Physician

____ Allergies (Medication, Substances) Pregnant or Birth Control?

____ Reason for Visit Date of Last Eye Exam & Doctor

Have You or Family Had:	You	Blood Relative	Have You Had:	
Cataracts			Watery Eyes	
Glaucoma			Burning Eyes	
Retinal Detachment			Itchy Eyes	
Eye Disease			Red Eyes	
Eye Surgery			Eye Pain	
Diabetes			Problem Headaches	
High Blood Pressure			Double Vision	
Heart Problems			Eye Injury	
Convulsions/Epilepsy			Flashes of Light	
Thyroid Problems			Head Trauma	

Do You Currently Wear:

Glasses _____ Contacts _____ Types of Contact Lenses Tried _____

Are You Interested In Contact Lenses? _____ Hobbies or Special Visual Needs _____

Dilation of the pupils is useful for inspection of the back of the eye (retina). Because this often causes blurred vision and increased light sensitivity for several hours to all day, it may be declined or rescheduled for another visit. We do offer **Digital Retinal Photography** to obtain an extended view of the back of the eye, this procedure does not require dilation.