

Montgomery Eye Center
How can we help you today?

Name: _____ Date of Birth: _____

Date: _____ Family Physician: _____

Pharmacy location / phone # _____

**** In an effort to serve you better, please be informed that Medicare will typically only pay for “problem related” visits. If you only say this is a “routine visit” and have no other kind of problem such as those noted below, then Medicare and other insurances may not cover the visit.**

What is the Main Reason you are here today? (Please Circle or Select all that apply)

Follow up for Existing problem: Glaucoma Macular Degeneration Diabetes Cataracts
 Dry eye Eyelid problem Other _____

New / Other Problem: more blurred vision near / distance dryness bump on eyelid
 pressure behind eye area eye irritation droopy eyelids double vision eye pain
 flashes floaters redness headaches halos around lights light sensitivity
 loss of vision other _____

How long ago did the symptoms first start? ____ days ____ weeks ____ months ____ years

What time of day does this occur? morning afternoon night during sleep

How long does it last? _____ seconds _____ minutes _____ hours _____ nonstop

How often does it occur? seldom occasional constant varies daily seasonal

How does it occur? slow onset sudden onset

Where is the problem area? eyeball eyelid right / left / both other _____

Please describe how it feels: improving worsening variable constant aching
 stabbing shooting painful sore throbbing sandy gritty irritating
 itching feels like “something in my eye” other _____

With what activities does this occur? driving reading TV computer smartphone
 tennis golf cards sewing other _____

Describe the severity: describe on a scale 0 – 10 (best) 0 1 2 3 4 5 6 7 8 9 10 (worst)

What makes it better / worse? artificial tears bright light dim light glasses
 sunglasses cool compress warm compress other _____

Additional Problems: _____

****Would you like new glasses? Yes / No Do you need a glasses prescription today? Yes / No**

****Do you wear contact lenses? Yes / No Do you need a contact prescription today? Yes / No**