

# Welcome



**IMPORTANT!! To better care for you today, please tell us the following information-**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Did you receive an email or text reminder for your appointment? Yes or No

For returning patients- Please give all insurance cards to our staff and reconfirm which insurance you will be using:

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

### Questions:

### Your answers on this side:

<b>What specific problem or concern with your eyes would you like your doctor to treat today?</b>	
<b>What symptoms have you noticed? How are your eyes feeling?</b>	Example: burning, watery, red, scratchy, mattering, light sensitive, itchy, flashes, dots floating in your vision Other: _____.
<b>What eye medications or drops do you take? How often do you use them?</b>	
<b>What medical conditions do you have that can cause blindness?</b>	Example: diabetes, high blood pressure, lupus, arteritis, breathing problems, glaucoma, cataracts or you smoke Other: _____.
<b>How are your eyes seeing with your glasses?</b> (Example: blurry when driving, reading, or on computer)	Example: blurry when driving, reading, or on computer, Other: _____.
<b>How would you like to improve your glasses?</b>	Example: scratched/broken, better vision, less thick/heavy, updated style, less glare Other: _____.
<b>For returning patients, what new medical conditions do you have and / or new medications do you take?</b>	

**How can we improve upon your visit today versus previous visits at West Tennessee Eye?**

(Understanding of condition, understanding of treatment, wait time, cleanliness of office, friendliness of staff, time with doctor, or other concerns for improvement)

**Which family members have not seen an eye specialist for a comprehensive exam this year?**

(This does not include schools screenings or pediatrician screenings, which are not comprehensive exams.)

- Spouse / Partner     
  School aged children     
  Parents