FAMILY EYE CARE CHILDREN'S EYE CENTER
OF NEW MEXICO

Today's Date:

Adult Registration Form & Health History

PATIENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL

ADDRESS	CITY	STATE	ZIP

HOME PHONE	CELL PHONE	WORK PHONE

AGE	DATE OF BIRTH		
		❑ FEMALE ❑ MALE	❑ SINGLE ❑ MARRIED ❑ WIDOWED ❑ DIVORCED

E-MAIL ADDRESS	WHO REFERRED YOU TO OUR OFFICE?	WHO IS YOUR PRIMARY CARE PROVIDER (PCP)?

EMPLOYER INFORMATION

EMPLOYER			

ADDRESS	CITY	STATE	ZIP

BILLING INFORMATION

PERSON RESPONSIBLE FOR PAYMENT OF BILL	RELATIONSHIP TO PATIENT

ADDRESS	CITY	STATE	ZIP

INSURANCE COMPANY	SUBSCRIBER	RELATIONSHIP TO PATIENT

CURRENT HEALTH STATUS AND PAST HEALTH HISTORY

ALLERGIES: ❑ NONE KNOWN
❑ YES (PLEASE LIST BELOW)

PLEASE COMPLETE BACK OF FORM 

CURRENT HEALTH PROBLEMS

❑ SEASONAL ALLERGIES ❑ HEART PROBLEMS ❑ HIGH BLOOD PRESSURE ❑ CANCER
❑ DIABETES ❑ SEIZURES ❑ LIVER PROBLEMS ❑ KIDNEYDISEASE
❑ LUNG PROBLEMS ❑ EMOTIONAL ❑ CATARACTS ❑ GLAUCOMA
❑ CROSSED OR LAZY EYE ❑ MACULAR PROBLEMS ❑ OTHER _____

MEDICATIONS		PREVIOUS SURGERIES	
MEDICATION	DOSE & FREQUENCY	SURGERY	YEAR

DO YOU HAVE ANY OF THE FOLLOWING PROBLEMS?

EARS/NOSE/THROAT

❑ HEADACHES
❑ HEARING LOSS
❑ RINGING IN EARS
❑ NOSEBLEEDS
❑ RUNNY NOSE
❑ SINUS PROBLEMS
❑ BLEEDING GUMS
❑ PAIN IN EARS
❑ PAIN IN NOSE
❑ PAIN IN THROAT
❑ CHANGE IN TASTE
❑ MOUTH SORES
❑ DRY MOUTH
❑ NONE

EYES

❑ VISION LOSS
❑ BLURRED VISION
❑ DISTORTED VISION
❑ DOUBLE VISION
❑ FLOATERS
❑ LIGHT FLASHES
❑ OTHER VISION CHANGES
❑ TEARING
❑ DRY EYES
❑ LIGHT SENSITIVITY
❑ DROOPY EYELID
❑ REDNESS
❑ DRAINAGE OR MUCOUS
❑ ITCHING
❑ PAIN OR DISCOMFORT
❑ NONE

NEUROLOGIC

❑ DIZZINESS
❑ NUMBNESS
❑ TINGLING OR BURNING
❑ MEMORY LOSS
❑ KNOCKED OUT
❑ SUDDEN VISION LOSS
❑ TROUBLE WALKING
❑ DISORIENTATION
❑ NONE

FAMILY AND SOCIAL HISTORY

DO OR DID ANY OF YOUR BLOOD RELATIVES (LIVING OR DEAD) HAVE ANY OF THE FOLLOWING?

❑ YES ❑ NO AMBLYOPIA
❑ YES ❑ NO PROBLEMS WITH ANESTHESIA
❑ YES ❑ NO ARTHRITIS
❑ YES ❑ NO BLINDNESS
❑ YES ❑ NO CROSSED OR WANDERING EYE
❑ YES ❑ NO DIABETES
❑ YES ❑ NO EYE CANCER
❑ YES ❑ NO GLAUCOMA
❑ YES ❑ NO GENETIC PROBLEMS
❑ YES ❑ NO THYROID PROBLEMS
❑ YES ❑ NO HEART DISEASE
❑ YES ❑ NO HIGH BLOOD PRESSURE
❑ YES ❑ NO CATARACTS IN CHILDHOOD
❑ YES ❑ NO KIDNEY DISEASE
❑ YES ❑ NO LUPUS
❑ YES ❑ NO NEUROLOGICAL PROBLEMS
❑ YES ❑ NO EARLY DEATH
❑ YES ❑ NO RETINAL PROBLEMS
❑ YES ❑ NO STROKE