

**DR. ALAN CLARK
OPTOMETRIST**

WELCOME TO OUR OFFICE

Name _____

Address _____

City _____ Zip _____

Phone # Home () _____ Work () _____

Date of Birth ___/___/___ Date of last Eye Exam _____

Whom may we thank for referring you to our office?

Family _____ Friend _____

Yellow Pages _____ Other _____

Do you currently wear glasses? _____ Yes _____ No

How many hours per day do you use a computer: _____

Have you ever worn contact lenses? _____ Yes _____ No

Do you currently wear contact lenses? _____ Yes _____ No

What is your occupation? _____

What hobbies or sports do you participate in? _____

How often do wear sunglasses when outside? Circle one:

Rarely / Often / Always

HISTORY:

	PERSONAL	FAMILY
High blood pressure	____ Yes ____ No	____ Yes ____ No
Glaucoma	____ Yes ____ No	____ Yes ____ No
Diabetes	____ Yes ____ No	____ Yes ____ No
Allergies	____ Yes ____ No	
Are you taking medication	____ Yes ____ No	

**PLEASE CHECK METHOD OF PAYMENT FOR TODAY'S
PROFESSIONAL SERVICES**

Cash ___ Check ___ Credit Card ___ VSP ___ EyeMed ___