

ADDITIONAL INFORMATION

(ALL INFORMATION IS CONFIDENTIAL)

SPOUSE, PARENT, OR GUARDIAN _____

EMPLOYER _____

ADDRESS _____ WORK PHONE _____

OCCUPATION _____ SOCIAL SECURITY # _____

PARENTS, CHILDREN OR SIBLINGS (AT HOME)	BIRTHDATE
_____	_____
_____	_____
_____	_____

VISION INSURANCE: VSP _____ MES _____ MEDICARE _____

(Please check) MEDI-CAL _____ OTHER (list) _____

HEALTH INSURANCE: BLUE SHIELD _____ BLUE CROSS _____

(Please check) KAISER _____ OTHER (list) _____

REASON FOR EXAMINATION

- | | |
|---|---|
| <input type="checkbox"/> Annual Checkup | <input type="checkbox"/> Contact lenses desired |
| <input type="checkbox"/> New frame or lenses needed | <input type="checkbox"/> Vision related headaches |
| <input type="checkbox"/> Sun protection desired | <input type="checkbox"/> Halos around light |
| <input type="checkbox"/> Laser Surgery Evaluation | <input type="checkbox"/> Motion sickness |
| <input type="checkbox"/> Eyes water | <input type="checkbox"/> Decreased or lost vision |
| <input type="checkbox"/> Eyes burn | <input type="checkbox"/> Flashing lights |
| <input type="checkbox"/> Double vision | <input type="checkbox"/> Pain in or around eye |
| <input type="checkbox"/> Eyes tire when reading | <input type="checkbox"/> Other _____ |

OCCUPATIONAL

- Computer: How many hours/day? _____
- Protective industrial safety lenses

SPORTS

- | | | |
|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Football | <input type="checkbox"/> Tennis | <input type="checkbox"/> Scuba, Swimming |
| <input type="checkbox"/> Racquetball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Shooting, Hunting |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Skiing | <input type="checkbox"/> Baseball, Softball |
| <input type="checkbox"/> Other _____ | | |

HOBBIES

- | | | |
|--|--|--|
| <input type="checkbox"/> Music | <input type="checkbox"/> Needlework/Knitting | <input type="checkbox"/> Home Workshop |
| <input type="checkbox"/> Stamp/Coin Collecting | <input type="checkbox"/> Bridge/Card Playing | <input type="checkbox"/> Other _____ |

****IT IS CUSTOMARY TO PAY FOR PROFESSIONAL SERVICES WHEN PROVIDED****