North Valley Eye Care, P.C. • Dr. Justin L. Kohls • Dr. Michelle A. Kohls

Name:_____ **Date of birth:** ____/____/_____

Cell phone: (____)_____ **Telephone: (**____**)**_____ **Email :** _____

Communication preference? ☐ **Text Message** ☐ **Telephone** ☐ **Email**

Have there been any changes in your overall health since your last visit? ☐ No ☐ Yes, please explain:_____

_____

Height: _____ **Weight:**_____ **Last Blood Pressure Reading:** _____/_____

Preferred language? ☐ English ☐ Spanish

Race? ☐ White ☐ Hispanic ☐ Black or African American ☐ Asian ☐ American Indian ☐ Native Hawaiian

Ethnicity? ☐ Hispanic or Latino ☐ Native Hawaiian/Other Pacific Islander ☐ Not Hispanic or Latino

Social History for Adults

Alcohol Use? ☐ None ☐ Social Use Only ☐ 1-2 drinks daily ☐ Above average use ☐ Alcohol Dependence

Tobacco Use? ☐ Never Smoked ☐ Former Smoker ☐ Light Smoker (1-9 cigs/day) ☐ Every day Smoker

☐ Heavy Tobacco smoker ☐ Smokeless tobacco user

Narcotic Use? ☐ None ☐ Recreational Use ☐ Chemical Dependence

Please check any problems you are currently experiencing: ☐ **None**

Vision Complaints	**Ocular Symptoms**
☐ Blurred Vision at Distance ☐ w/ Glasses ☐ **w/** Contacts or ☐ w/out correction ☐ Blurred Vision at Near ☐ w/ Glasses ☐ **w/** Contacts or ☐ w/out correction ☐ Blurred Vision at Computer ☐ w/ Glasses ☐ **w/** Contacts or ☐ w/out correction	☐ Pain ☐ Foreign body sensation ☐ Dry/sandy feeling ☐ Some redness ☐ Extreme redness ☐ Burning ☐ Itching ☐Eyelid Swollen ☐ Eyelid crusty ☐ Watery eye ☐ Lids stuck together upon awakening ☐ Mucous-like discharge ☐ Eyelid twitching ☐ Other concerns:_____ **Which eye is affected?** ☐ Right Eye ☐ Left Eye ☐ Both Eyes **What pharmacy do you prefer? Please list the major cross streets.** _____

I hereby authorize North Valley Eye Care, P.C. to release information that is required by my insurance carrier.

I acknowledge that I am financially responsible for all non-covered charges.

Signature_____Date_____/_____/_____