DR. RYAN C. HILL, OPTOMETRIST
DR. JUSTIN M. CROWE, OPTOMETRIST
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507 S. LINCOLN
UNION, MO. 63084
T: 636.583.3322
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OWENSVILLE FAMILY EYECARE
531 E. WASHINGTON AVE.
OWENSVILLE, MO. 65066
T: 573.437.8004
F: 573.437.8005
www.owensvillefamilyeyecare.com

Name: _____

Nickname: _____

Date of Birth: _____

Address: _____

Marital Status: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Occupation: _____

Employer/School: _____

Primary Care Dr: _____

Guarantor Name: _____

Guarantor DOB: _____

Medical Primary Ins. _____

ID: _____

Policy Group: _____

Copay: _____

SSN: _____

Patient Signature: _____

Patient Name: _____ Referred by: _____

Family History Check all history that applies

	Diabetes	High Blood Pressure	High Cholesterol	Thyroid	Heart Condition	Cancer
Mother						
Father						
Grandparent						
Sibling						

	Glaucoma	Macula Degeneration	Lazy Eye	Blindness
Mother				
Father				
Grandparent				
Sibling				

Patient History

Primary reason for today's visit: _____

Date of last eye exam: _____ By Dr. _____

Name of primary care physician: _____ Last Visit: _____

Do you currently wear glasses? **Yes**___ **No**___ Are you planning on updating your glasses today? _____
Do you currently wear contacts? **Yes**___ **No**___ Are you interested in trying contact lenses? _____

Are you allergic to any medication? If so, please list: _____

Are you taking any medications? If yes, please list: _____

_____

Do you: use tobacco products? **Yes** **No** .... drink alcohol? **Yes** **No** ...use illegal drugs? **Yes** **No**

Have you had any eye surgerys? If so, please list: _____

Systemic History **Have you ever been diagnosed or taken medicine for ...**

	Yes	No		Yes	No		Yes	No
Diabetes			Cancer			Macular Degeneration		
High Blood Pressure			Arthritis			Eye Injury		
HighCholesterol			Seasonal Allergies			Flashes or Floaters		
Thyroid			Depression			Retinal Detachment/Disease		
Heart Condition			Migraines			Dry Eyes		
Stroke			Glaucoma			Lazy Eye		