



**DC Eye Clinic
Tysons Corner**

Welcome to our office! Please fill out and return this form to the receptionist.

Last name : _____ First name : _____ Today's Date : __/__/_____

Address: _____

City: _____ State : _____ Zip : _____

Home phone : _____ Cell phone : _____

Date of Birth : _____ / _____ / _____ ex) 07 / 13 / 1952

Gender : Male ___ Female ___ Age : _____ Email Address : _____

Marital status : Single Married Divorced Legally separated Widowed Unknown

Communication preference : Phone Email Text Mail

Employer : _____ Work phone : _____

Driver's License # : _____

Emergency Contact & Name : _____ / _____

Primary Insurance : _____ Member ID # : _____

Group # : _____

Subscriber : _____ Relationship to patient : _____

Subscriber's Date of Birth : _____ / _____ / _____

Subscriber Driver's license # : _____

Secondary Insurance : _____ Member ID # : _____

Group # : _____

Chief Complaint :

Please list all your current **Eye Medications** :

Name of Medication	Dosage	How Often	Last Taken

Please list all your **other current medications** :

Name of Medication	Dosage	How Often	Last Taken

Do you have allergies on medication? : Yes No

Please list all medicine that you are

allergic to : _____

Do you smoke? Yes No

Are you Pregnant? Yes No

Medical history: Diabetes High BP Coronary disease
 Pulmonary disease Arthritis
 Other : _____

Eye History: Glasses
 Lazy eyes (amblyopia or strabismus)
 Cataract surgery Retinal detachment
 Glaucoma LASIK/PRK
 Trauma Shingles

Family Eye History: Glaucoma
 Macular Degeneration
 Lazy eye Other : _____

Ethnicity

- White
- Black/African American
- Asian
- Hispanic/Latino
- American Indians
- Other
- Decline to specify

Primary Language : English Other : _____

Primary care doctor
Name : _____

Phone Number : _____ Fax Number : _____

Preferred Pharmacy : _____

Phone Number : _____ Fax Number : _____

How did you hear about our office?

- Newspaper
- Internet Search Insurance Radio Broadcast Friends/Family Referring Provider
- Other : _____

We hope to make your visit a pleasant one 😊

Eye appointments can take 1½ to 2 hrs.



www.DCeyeClinic.com