Randolph Brooks, O.D.
Susan M. Gardner O.D.
Danielle Gaeta O.D.

What is the reason for your visit today?
Date of Last Eye exam
By Whom?
Are you interested in contact lenses?
Are you interested in Laser Vision Correction?

Do you experience any of the following?			
Blurry Vision	Headaches	Eye Strain	Trouble seeing at night
Burning	Itchiness	Flashes of light	uncomfortable glasses
Cross Eye	Light Sensitivity	Floaters	uncomfortable contact lenses
Double Vision	Reading Problems	Grittiniess	Tearing
Dryness	Redness	Eye pain	

Have you ever been diagnosed or treated for the following?		Date of last Physical	
Cataracts	Lazy Eye	Name of Primary Physician	
Corneal Abrasion	Macular degeneration	Town	
Eye injury	Retinal Detachment	Allergies	
Glaucoma	other		
Iritis/Uveitis			

Have you been diagnosed with any of the following?			
Allergies	Diabetes	Current Medications:	
Asthma	Heart Disease		
Arthritis	High Blood pressure		
Cancer	Kidney Disease		
Cholesterol	Thyroid		

Family History	Relationship	Family History	Relationship
Blindness		Macular Degeneration	
Cataracts		Retina Problems	
Cornea Problems		Diabetes	
Glaucoma		Heart Disease	
Lazy Eye		Other	