

# BEAVERTON VISION WORLD

[www.bvweyes.com](http://www.bvweyes.com)

# TIGARD VISION WORLD

[www.tvweyes.com](http://www.tvweyes.com)

Today's Date: \_\_\_\_\_

## Patient Information:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

*Your email is only used to send you reminders, prescriptions and itemized receipts, at your request.*

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Widowed

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

## Responsible Party (If different from above)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Gender:  Male  Female

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

## Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

## Warranty Policy: **IMPORTANT! Please read and initial at each line.**

\_\_\_\_\_ 1. Beaverton/Tigard Vision World honors all manufacturers' warranties on frames and lenses. This does NOT cover abuse, neglect, accidental damage/destruction, or loss.

Warranty frame replacements are subject to a \$15 shipping & handling fee.

\_\_\_\_\_ 2. The patient has 90 days from the completion of an order to request prescription or lens changes. If replacing with a less expensive product, the patient will not be refunded the difference.

\_\_\_\_\_ 3. Patients' own frame will be fitted with lenses at the patients' risk. Beaverton/Tigard Vision World and our associated lab partners are not responsible for breakage due to age, wear and tear, or defects.

\_\_\_\_\_ 4. Prescription eyewear is a custom made product. Sales of completed eyewear are final. Any alterations or changes fall under the above 90 day policy.

**If you have any questions about our warranty policy, please ask!**

We appreciate your business! Estimated time of delivery is **between 7 and 10 business days**.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Health History:**

Reason for today's exam: \_\_\_\_\_

Does anyone in your immediate family have a history of the following? Please list how they are related and circle whether they are on your maternal or paternal side of the family.

- Cataracts \_\_\_\_\_ Mat./Pat.?     Diabetes \_\_\_\_\_ Mat./Pat.?
- Glaucoma \_\_\_\_\_ Mat./Pat.?     High Blood Pressure \_\_\_\_\_ Mat./Pat.?
- Retinal detachment \_\_\_\_\_ Mat./Pat.?
- Macular degeneration \_\_\_\_\_ Mat./Pat.?

Please check if any of the following conditions apply to you:

- Frequent Headaches     Sinus trouble     Pregnant     Given birth in last 6 months
- Floaters     Sensitive to light     Eye strain     Eyes burn/itch
- Medication allergies, please list: \_\_\_\_\_
- Other Allergies, please list: \_\_\_\_\_

Do you have a history of problems with the following:

- Diabetes; type? \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
- Heart Condition     High Blood Pressure     Thyroid condition     Respiratory
- Cataracts     Glaucoma     Mental Health     Retinal detachment
- Macular Degeneration     Elevated cholesterol

Any other health problems not included above: \_\_\_\_\_

Please list all medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_ If none, check:

Surgeries:  Yes  No If yes, what kind: \_\_\_\_\_ When: \_\_\_\_\_

Name of Primary Care Physician: \_\_\_\_\_

Location: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Do you currently wear glasses:  Yes  No

If yes, when do you wear your glasses?

- All the time     Reading/near work
- Work safety     Distance tasks only (driving, etc.)
- Computer work     Other, please explain: \_\_\_\_\_

Have you ever worn contacts?  Yes  No

Are you interested in wearing contact lenses?  Yes  No

Do you work at a computer?  Yes  No

Could you benefit from prescription sunglasses?  Yes  No

Do you smoke or use tobacco products?  Yes  No