## $eyesite {{ ESO}_{ottawa}}$

## PATIENT REGISTRATION FORM

Patient's Name	Date of Birth
Parent or Responsible Person's Name	
Occupation	_Employer
Reason for exam	
Name of Primary Care Physician	
Do you currently wear glasses? YES NO   If yes, what do you use them for? circle all that apply Age of current prescription   Full time Sports   Distance only Office work   Reading only Computer   Please bring all eyewear to appointment including sunwear to appointment.   Do you currently wear contacts? YES NO Are you interested in trying contacts?	
MEDICATIONS	REASON FOR TAKING
INCLUDING OVER THE COUNTER AND EYE DROPS	
Use back of form if additional room is needed	
Please circle to denote any of the following items that pertain to you:	
Cataracts YES NO Glaucoma YES	
Hypertenision YES NO Strabismus YE	6
Cancer YES NO Diabetes YE	
Retinal Detachment YE	
Please bring your Insurance card and ID card to your appointment.	

Payment is expected when services are rendered and before glasses or contacts are ordered.

Doctors: Kent Kunkel, OD Beth Kunkel OD Alex Uhlenhopp, OD