VISION PLUS

Established Patient Annual Health Update

Patient Name: _____ DOB: _____ Date: _____

1) Contact / Demographic Updates

Have any of these changed since your last visit?

☐ Address ☐ Phone ☐ Email ☐ Emergency Contact ☐ No Changes

If changed, update here: _____

_____

2) Insurance Updates

☐ No insurance changes ☐ New/updated insurance (please provide card)

Plan name: _____ Subscriber ID: _____

3) Medical History Changes

Since your last visit, have you had any new medical conditions, surgeries, hospitalizations, or major health events?

☐ Yes ☐ No If yes, explain: _____

4) Eye History Changes

Since your last visit, any of the following? ☐ Vision change ☐ Eye pain ☐ Redness ☐ Dryness ☐ Flashes/floaters ☐ New eye diagnosis

☐ Eye injury/trauma ☐ Eye surgery ☐ No eye changes

Details: _____

5) Medications and Allergies

Any medication changes since last visit? ☐ Yes ☐ No Any new allergies/reactions? ☐ Yes ☐ No

Current meds / updates: _____

Allergy updates: _____

6) Family / Social History Updates

Any new family history of glaucoma, macular degeneration, retinal disease, diabetes, hypertension,

thyroid disease, or other major illness? ☐ Yes ☐ No

Any relevant social history changes (tobacco/alcohol/other) since last visit? ☐ Yes ☐ No

If yes, explain: _____

7) Contact Lens (if applicable)

Do you currently wear contact lenses? ☐ Yes ☐ No Contact lens problems today? ☐ Yes ☐ No

Interested in contact lens evaluation today? ☐ Yes ☐ No

8) Patient Attestation

I have reviewed the above information and confirm it is accurate to the best of my knowledge.

Patient/Guardian Signature: _____ Date: _____

Relationship to patient (if guardian): _____

9) Office Use Only

☐ History reviewed with patient ☐ No changes from prior history except as noted ☐ Chart updated

Staff/Provider Initials: _____ Date: _____