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Tell Us About Yourself

PLEASE PRINT			
Date:/ Birthdate:/	<u></u>	Age:	M/F
Name:	(First)	(MI)	
Address:		` ,	
City, State, Zip Code:			
Phone Home: ()	_ Office:()	
Cell: ()	_ Email:		
How would you prefer we contact you?			
Occupation:	_ Employer:		
Medical/Vision Insurance:	_ Medical ID #		
Who is your current eye doctor?		Last Eye Exam (mo/yr):	
Location:			
How did you hear about Dr. Furlong?			
Name of person who referred you:			
To better understand your vision needs, ple Please indicate the reason for today's visit. (Check all the ☐ Cataract Evaluation ☐ Glaucoma Evaluation ☐ Me Cataract Patients Only	at apply):		•
Please indicate the reason for today's visit. (Check all the Cataract Evaluation ☐ Glaucoma Evaluation ☐ Me	at apply): edical Eye Evalu	uation □ Referral From	My Doctor
Please indicate the reason for today's visit. (Check all the Cataract Evaluation Glaucoma Evaluation GMe Cataract Patients Only How long ago were you informed that you had cataracts	at apply): edical Eye Evalu ? mputer work, di	uation Referral From	My Doctor
Please indicate the reason for today's visit. (Check all the Cataract Evaluation Glaucoma Evaluation Galaucoma Eva	at apply): edical Eye Evalu ? mputer work, di	uation Referral From	My Doctor
Please indicate the reason for today's visit. (Check all the Cataract Evaluation Glaucoma Evaluation GMe Cataract Patients Only How long ago were you informed that you had cataracts What activities are particularly difficult now? (reading, co	at apply): edical Eye Evalu ? mputer work, di	riving, hobbies, etc.)	My Doctor
Please indicate the reason for today's visit. (Check all the Cataract Evaluation Glaucoma Evaluation GMe Cataract Patients Only How long ago were you informed that you had cataracts What activities are particularly difficult now? (reading, co	at apply): edical Eye Evalu mputer work, di	uation □ Referral From riving, hobbies, etc.)	My Doctor
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Please indicate the reason for today's visit. (Check all the Cataract Evaluation	at apply): edical Eye Evalu mputer work, di	uation	My Doctor
Please indicate the reason for today's visit. (Check all the Cataract Evaluation	at apply): edical Eye Evalu mputer work, di	uation	My Doctor