

TODAY'S VISION

THE ONE TO SEE®

For faster service, please complete the following form prior to arriving at our office.

Current General Health History

Diabetes: Y/N Hypertension: Y/N High Cholesterol: Y/N Heart Disease: Y/N Blood Disorders: Y/N Currently Pregnant: Y/N Lung Disease: Y/N Kidney Disease: Y/N	Cancer: Y/N Thyroid Disease: Y/N Do You Smoke?: Y/N History of Alcohol Abuse?: Y/N Are you HIV Positive? Please notify the doctor if you are.: Y/N Allergic to Penicillin or Sulfa drugs?: Y/N Rheumatoid Arthritis: Y/N
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General Eye History

Glaucoma: Y/N Lazy Eye: Y/N Cataract: Y/N Retinal detachment: Y/N Macular Degeneration: Y/N Headaches: Y/N	Sinus or Allergy problems: Y/N Recent Eye Infection: Y/N Eye Injury: Y/N Flashes of light: Y/N Floaters: Y/N Burning /Itching: Y/N Date of last eye exam: _____ Reason for today's visit: _____ _____
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I authorize the release of any medical information necessary to provide the most beneficial and complete visual examination. I understand that I am financially responsible for all charges whether or not paid by insurance. Payment is due a the time of services are rendered.

Signature: _____ **Date:** _____

TODAY'S VISION - ROSENBERG

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