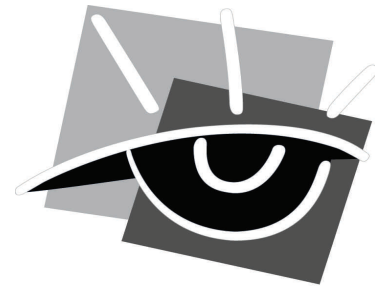


**Exceptional Eyecare. Extraordinary Eyewear.**



**EYES**  
on **Oxford**  
The EyeSense People

How long ago was your last exam? .....

How did you choose us for eye and vision care? ....  
.....

What is the main reason for your visit today? .....

.....

Occupation .....

Please list sports you play.....

Please list any hobbies.....

Who is your usual doctor? .....

Dr's Ad-  
dress .....

**Can we contact you regarding appointments and your glasses or contact lenses by email or SMS?**

**Email**  
**Mobile**

**Current medications**

Antihistamines

Diuretics (fluid pills)..... No Yes

Blood pressure pills ..... No Yes

Oral contraceptives ..... No Yes

Sleeping tablets ..... No Yes

Eye Drops ..... No Yes

Other ..... No Yes

**Medical History**

Allergies	No	Yes
Asthma	No	Yes
Skin problems	No	Yes
Eye diseases	No	Yes
Eye injury	No	Yes
Eye surgery	No	Yes
Eye exercises	No	Yes
Lazy eye or squint	No	Yes
Cataracts	No	Yes
Glaucoma	No	Yes
Arthritis	No	Yes
Cancer	No	Yes
Diabetes	No	Yes
Heart problems	No	Yes
High blood pressure	No	Yes
Kidney problems	No	Yes
Nerve problems	No	Yes
Other .....	No	Yes

**Do you....**

Work on a computer?	No	Yes
Have more than one pair of glasses?	No	Yes
Want thinner, lighter lenses?	No	Yes
Have prescription Sunglasses?	No	Yes
Have problems with glare, or reflections, especially at night?	No	Yes
Have you ever worn contact lenses?	No	Yes
Are you interested in contact lenses?	No	Yes

**Do you experience ...**

Burning	Itching	Nausea
Eyestrain	Flashes	Floaters
Watery eyes	Itching	
Dry eyes	Sore Eyes	
Headaches	Red eyes	

Reading difficulty

Double vision

Uncomfortable glasses

Sudden loss of vision

Sensitivity to light

Fainting or dizziness

Blurry distance vision

Blurry near vision

Gritty Eyes

Trouble seeing at night

Difficulty concentrating

Difficulty with reading comprehension

**Family Medical History**

Blindness	No	Yes
Cataracts	No	Yes
Glaucoma	No	Yes
Diabetes	No	Yes
Heart problems	No	Yes

Is there any other health or family matter, or medication you would like to discuss privately with the optometrist? Yes No