

Arizona Lions Vision & Hearing Foundation

3124 E. Roosevelt St. Bldg. D #1

Phoenix, AZ 85009

Tel: 602-267-7573 Fax: 602-267-7595

Hours: Monday – Thursday: 8:30a.m to 2:00p.m.

Friday: 8:30a.m. to 12:00p.m.



We accept: cash, credit or debit card. We DO NOT accept personal checks.

Thank you for choosing the *Arizona Lions Vision and Hearing Foundation* for your eyecare needs.

PLEASE PRINT clearly the information as completely as possible. If you have any questions or concerns, do not hesitate to ask for assistance, we will be happy to assist.

PATIENT INFORMATION

Date ___/___/___ Name _____

First

M

Last

Address _____ AZ _____

Number and Street

Apt #

City

Zip code

Cell Phone _____ - _____ - _____ Home Phone _____ - _____ - _____

Birthdate ___/___/___ Age _____ Sex: M F

Marital Status: _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed

Occupation: _____

Monthly Income: Yourself \$ _____ Spouse \$ _____ TOTAL \$ _____

Total Number of people living in your household: _____

Reason for your visit today?

_____ Routine Check-Up/ New Eyeglasses _____ Medical Eye Problems

Over

PATIENT HEALTH HISTORY

Please circle "Yes" or "No" to indicate if you presently have, OR have ever had, any of the following.
Also, check if a blood relative has had any of the following problems.

	<u>YOURSELF</u>	<u>FAMILY MEMBER</u>
AIDS/HIV	Yes No	Yes No
Arthritis	Yes No	Yes No
Asthma	Yes No	Yes No
Bleeding	Yes No	Yes No
Blindness	Yes No	Yes No
Cancer	Yes No	Yes No
Cataracts	Yes No	Yes No
Crossed-Eyes	Yes No	Yes No
Diabetes: How long ____ (years)	Yes No	Yes No
____ Insulin Dependent		
____ Non-insulin Dependent		
Epilepsy- Seizures	Yes No	Yes No
Glaucoma	Yes No	Yes No
Headaches	Yes No	Yes No
Hepatitis (Type) _____	Yes No	Yes No
High Blood Pressure	Yes No	Yes No
Lazy Eye	Yes No	Yes No
Macular Degeneration/Retinal Disease	Yes No	Yes No
Pterygium	Yes No	Yes No
Stroke	Yes No	Yes No
Thyroid Conditions	Yes No	Yes No
Are you pregnant? (Women only)	Yes No	
	How many months? _____	

Eye Surgeries or injuries?	Please list ALL medications you are presently taking	Allergies?

