

CL Fitting Fees: _\$ _____

CL Brand: _____

CL Material: Soft / RGP / Synergeyes

CL Price: _\$ _____ per lens / box Quantity: _____

CL Type: Spherical / Toric / Bifocal

Replacement Schedule: Daily / Weekly / 2 Weeks / Monthly / Other

Order #'s

Present Medical Conditions

*At your exam today, are you currently experiencing any problems with the following?
Please circle any current symptoms or problems you are experiencing today:*

General (Constitutional): chills | fatigue | fever | headache | sweats | weight loss | other:

Ear, Nose, Throat (ENMT): earache | nasal congestion | nosebleeds | sore throat | sinus pain | other:

Heart (Cardiovascular): chest pain | increased heart rate | leg swelling | palpitations | high blood pressure | low blood pressure | other:

Breathing (Respiratory): cough | difficulty breathing | shortness of breath | wheezing | other:

Digestion (Gastrointestinal): constipation | diarrhea | indigestion | nausea | reflux | vomiting | other:

Genitourinary: kidney problems | painful urination / problems with urination | other:

Skin (Integumentary): change in hair texture | change in nails | rash | rosacea | other:

Musculoskeletal: back pain | gout | joint pain | muscle pain | other:

Neurological: gait problems | loss of coordination | memory loss | migraine headache | slurred speech | other:

Blood (Hematological): abnormal bleeding | bruising | large lymph nodes | swollen glands | anemia | other:

Immune (Immunologic): food allergies | immune disorders | seasonal allergies | infection | other:

Endocrine: low blood sugar | elevated blood sugar | low thyroid | high thyroid | other:

Mood (Psychiatric): anxiety | depression | panic attacks | other:

