Moore's Mill EYECARE
2415 Moore's Mill Road, Suite 220 • Auburn, Alabama 36830
P: (334) 521-7944 • F: (334) 521-7277

Welcome to our office!

Please fill out this form as completely as possible and return it to the desk along with your **ID** and **Insurance Card**.

Name_____ Nickname_____

Mailing address_____City/State/Zip_____

Email address_____DOB_____

Home Phone_____Cell Phone_____Work Phone_____

Primary Care Doctor_____Referred by_____

Insurance Information

Medical Insurance_____ Vision Insurance_____

Medical History

Drug Allergies_____

Medications_____

Eye Injuries/Surgeries_____

___Dry Eye ___Iritis or Uveitis ___headaches ___poor night vision ___double vision

Are you diabetic? ___yes ___no. If yes, who is your physician? _____

Do you suffer from Hypertension? ___ yes ___no If yes, who is your physician? _____

Are you currently pregnant or nursing? ___yes ___no

Family Medical History: Note relation to yourself in the box (ex: self, mother, father, sister, brother, etc)

___Blindness _____ ___Cancer_____

___Cataracts_____ ___Diabetes_____

___Macular Degeneration_____ ___Hypertension_____

___Glaucoma_____ ___Lupus_____

___Retinal Detachment_____ ___Thyroid Dysfunction_____

___Crossed Eyes_____

Other:_____

___I wear glasses ___I wear contacts___I would like to try contacts

What brand of contacts do you currently wear? _____

Approximately how many hours do you spend on digital devices/computers per day?_____

What is your reason for this visit?_____

****No Checks Accepted****

***Payment is expected when services are rendered.**