



CENTURY CITY OPTOMETRY

Dr. Reid Kunitake
10250 Santa Monica Blvd.
Suite 170
Los Angeles, CA 90067

Welcome to Our Office

Name
Street
City State Zip
Home Phone
Work Phone
Social Security Number
Employer
Occupation
E-mail Address
Hobbies

Today's date Date of last exam
Date of birth Age Sex: Male Female
What is the purpose of your visit today?
Spouse (or parent) name
Spouse (or parent) work phone
Medical insurance company
Do you participate in a flexible spending account? Yes No

How will you settle you account today?
Check Cash Credit Card

Allergies No Yes
Asthma No Yes
Arthritis No Yes
Cancer No Yes
Eye Surgery No Yes
Diabetes No Yes
Glaucoma No Yes
Eye Diseases No Yes
Heart Disease No Yes
Eye Injury No Yes
High Blood Pressure No Yes
Personal & Family Medical History
Current Medications (Rx & Over-the-Counter)
Antihistamines No Yes
Diuretics (water pills) No Yes
Blood pressure pills No Yes
Oral Contraceptives No Yes
Sleeping tablets No Yes
Eye Drops No Yes
Other
Are you currently under the care of a physician? No Yes
Name of Physician

Do You...
Work at a computer for long periods? Yes No
Always like to wear glasses? Yes No
Spend time outdoors? Yes No
Do you have complaints about your experience wearing or contact lenses? Yes No
If you wear glasses, would you enjoy lenses that are thinner lighter and more comfortable? Yes No
Are there times when you'd rather not wear contact lenses or glasses? Yes No
Do you wear bifocals? If so, are there times you are uncomfortable from head tilting, restricted areas of vision corrections, etc? Yes No
Would you like information or an evaluation for laser vision correction? Yes No
Do You Experience...
Any discomfort with your eyes? Yes No
Problems with glare or reflection? Yes No
Sensitivity to light? Yes No
Headaches? Yes No
Floaters or flashes of light? Yes No

How did you hear about our office?
Friend or relative. Who?
Another health care practitioner. Who?
Yellow Pages. Which directory?
Advertisement. Where?
Previous Patient. Who?
Participating eye care plan. Which?
Other

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
I, (print) have received a copy of this office's Notice of Privacy Practices.
Signature Date
Please sign AFTER reviewing Notice of Privacy Practices