

**WATSON EYE ASSOCIATES**  
**PATIENT REGISTRATION SHEET**  
PLEASE PRINT

Master  
Mr.  
Mrs.  
Miss.  
Ms.:

Today's Date:

Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Sex: M F Marital Status: Single Divorced Married Widowed

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

Family Physician: \_\_\_\_\_

Patient's Spouse / Parent, if child: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Retired: \_\_\_\_\_

Nearest relative or friend (NOT LIVING WITH YOU) (for emergencies)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone Home: \_\_\_\_\_

Work: \_\_\_\_\_

Insurance: Please list the subscriber of the policy if other than the patient. List your Primary insurance company first.

PRIMARY 1. \_\_\_\_\_ Policy# \_\_\_\_\_

Group# \_\_\_\_\_

2. \_\_\_\_\_ Policy# \_\_\_\_\_

Group# \_\_\_\_\_

# WATSON EYE ASSOCIATES

DATE \_\_\_\_\_

## MEDICAL HISTORY Please Print

Patient Name: \_\_\_\_\_  
(FIRST) (MIDDLE INITIAL) (LAST)

### FAMILY HISTORY:

Does any relative have or ever had:	No	Yes	Who
Glaucoma _____			
Cataracts _____			
Poor Vision _____			
Diabetes _____			
High Blood Pressure _____			

### PERSONAL HISTORY:

Do you have or have you ever had:	No	Yes
Diabetes _____		
High Blood Pressure _____		
Heart Disease _____		
Kidney Disease _____		
Thyroid Disease _____		
Migraine Headaches _____		
Sickle Cell Disease or Trait _____		
Cancer _____		

Do You smoke?  No  Yes How many packs per day? \_\_\_\_\_  
Have you ever had any eye disease, injury or impaired sight?  No  Yes  
if yes, Explain: \_\_\_\_\_

### SURGICAL HISTORY:

Type of Surgery	Year
_____	
_____	
_____	

Any anesthesia complications or reactions?

### MEDICATIONS (including birth control pills)

Name	Dose	How Often?
_____		
_____		
_____		

### ALLERGIES

Name of Drug	Type of Reaction
_____	
_____	
_____	